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MEETING REGISTRATION

Your Name:		
	First Name	Last Name (Surname)

The EARLY registration deadline is **September 16, 2016**. The REGULAR registration deadline is **October 7, 2016**. ON-SITE registration fees apply if registration is received after **October 7, 2016**. Registration fees CANNOT be refunded for cancellations received after October 7, 2016.

Full registration includes the Opening Reception, all meeting sessions (excluding Premeeting Symposia on Saturday, October 22), online handouts, and CPE credit. One-day registration includes all activities for a specific day and the related online handouts and CPE credit.

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Full Meeting Registration	Early	Regular	On-site
Member	\$555	\$685	\$730
Affiliate/Nonmember*	\$855	\$980	\$1025
		•	
Resident and Fellow	ĆOOE	¢200	¢270
Member Nonmember*	\$235 \$385	\$290 \$440	\$370 \$520
Nonnember	2303	5440	, JJ20
One-Day Registration	Early	Regular	On-site
Check one: Sunday Me	onday	Tuesday	Wednesday
Member	\$290	\$350	\$390
Affiliate/Nonmember	\$430	\$455	\$490
Resident and Fellow			
Member	\$140	\$165	\$205
Nonmember	\$230	\$250	\$265
Student Registration	Early	Regular	On-site
Full Meeting Registration			
Member	\$190	\$225	\$270
Nonmember	\$280	\$315	\$360
e-mail: jpoynter@accp.com. No CPE credit available. Must be a stu professional degree.	dent in a ph	armacy degree pi	rogram earning their first
Student Premeeting Sym	posium	Registratio	n
Emerge from the Crowd: How t Saturday, October 22, 1:00 p.m This event is for students only a Please check the box if you p	. –7:00 p. r nd is inclu	n. ded with paid	·
Resident, Fellow & New F Registration	ractitio	ner Premee	eting Symposium
Chart the Course of Your Profes Saturday, October 22, 1:00 p.m This event is designed for resider with paid full meeting registration Please check the box if you p	.–6:30 p.n nts, fellows on.	1. s, and new pra	ctitioners, and included
Desidency west faller 12	ъ Га		
Residency and Fellowshi	p Forum	1	
Sunday, October 23, 8:00 a.m. –Participants must be registered to participate in the Residency a	for at leas	t 1 day (Sunda	

Student and Resident Reception

Saturday, October 22, 7:00 p.m.- 8:00 p.m.

Student and resident meeting attendees are encouraged to attend. This event is included with a paid student or resident meeting registration.

Please check the box if you plan to attend.

Accompanying Person Registration

Includes the Opening General Session, Opening Reception, Town hall, and award presentations.

No CPE credit available.

\$100 each

BCOP Clinical Sessions

BCOP Clinical Sessions, Part I (Tuesday, October 25; 1:30 p.m.–3:30 p.m.)
BCOP Clinical Sessions, Part II (Wednesday, October 26; 8:00 a.m.–10:00 a.m.)

Board Certified Oncology Pharmacists (BCOPs) seeking recertification credit must attend both BCOP Clinical Sessions (included in meeting registration), and purchase access to the recertification posttest.

Member/Nonmember \$50

Premeeting Symposia Registration • Saturday, October 22

Premeeting symposia registration includes program syllabi and CPE credit for each program. Note: Academy credit is available to those enrolled in an ACCP Academy Certificate Program.

Reaular On-site

Early

	Larry	Regulai	OH-SHE	
	•		a.m.–12:00 p.m.) ::00 a.m.–12:00 p.r	n.)
Member	\$125	\$170	\$195	,
Nonmember	\$180	\$220	\$245	
Resident and Fellow				
Member	\$90	\$100	\$115	
Nonmember	\$135	\$160	\$170	
Teaching and Learning Pri	mer			
1:00 p.m5:00 p.m.				
Member	\$125	\$170	\$195	
Nonmember	\$180	\$220	\$245	
Resident and Fellow				
Member	\$90	\$100	\$115	
Nonmember	\$135	\$160	\$170	
	Early	Regular	On-site	
Check one: Clinical Re	asoning Series	in Ambulator	y Care Pharmacy	
(8:30 a.m.	–4:30 p.m.)			
Clinical Re	asoning Series	in Critical Car	e Pharmacy	
(8:30 a.m.	–4:30 p.m.)			
Clinical Re	asoning Series	in Pediatric P	harmacy	
	-		-	

\$265

\$365

\$305

\$405

Clinical Reasoning Series in Pharmacotherapy

\$205

\$305

(8:30 a.m.-4:30 p.m.)

(8:30 a.m.-4:30 p.m.)

Total

Member

Nonmember

I will be participating as an/a: Applicant Program Representative**

Please check the box if you plan to participate.

^{*} First-time meeting attendees who have not previously been an ACCP member and who register and pay for the full meeting will automatically receive a complimentary 6-month membership in ACCP. Check here to decline this offer.

^{**} Preceptors must have at least one residency or fellowship listing posted online for the forum. Listings are \$75.

REGISTRATION INFORMATION Name: Last Name (Surname) ACCP Membership ID No.: (Students) Name of your college of pharmacy: (Students) Your anticipated date of graduation: Mailing address (home work): State: _____ZIP: Country: Daytime telephone: () Fax No.: () E-mail address (required): On-site contact telephone number (cell preferred): In case of emergency contact telephone number: NAME BADGE INFORMATION Name (18 characters maximum): Institution (18 characters maximum): City/State (25 characters maximum): ACCOMPANYING PERSON REGISTRATION No. of badges _____ \$100 each Please print name(s) legibly. Name(s): METHOD OF PAYMENT Total \$ Check or money order payable in U.S. funds to American College of Clinical Pharmacy Credit card: MasterCard Visa Discover American Express Card No.: Expiration date: Security code (3- or 4-digit code on front or back of credit card): Cardholder's name (print): Cardholder's telephone No.: Authorized signature:

HOW TO REGISTER

- 1. ONLINE at www.accp.com.
- **2. FAX** your registration form (**both pages**) to (913) 492-0088.
- **3. TELEPHONE** to register at (913) 492-3311.
- **4. MAIL** your registration form (**both pages**) with check or money order to:

American College of Clinical Pharmacy 13000 West 87th Street Parkway, Suite 100 Lenexa, KS 66215-4530

REGISTRATION CONFIRMATION

You should receive a confirmation e-mail within 48 hours of registration. If you do not receive an e-mail, please call ACCP at (913) 492-3311.

CANCELLATION POLICY

An administrative fee (\$90) will be charged for full or 1-day meeting registrations cancelled before **October 7, 2016**. An administrative fee (\$50) will be charged for Premeeting Symposia registrations cancelled before **October 7, 2016**. Registration fees CANNOT be refunded for cancellations received on or after **October 7, 2016**. Requests for cancellations must be sent in writing to ACCP, 13000 W. 87th St. Parkway, Suite 100, Lenexa, KS 66215-4530; e-mail accp@accp.com; fax (913) 492-0088.

An administration fee of \$50 will be charged to transfer a registration from one attendee to another.

In the event that a session or event is cancelled beyond the control of ACCP, ACCP will not reimburse attendees, but will make every attempt to obtain any instructional materials that are available for the session or event and forward them to the attendees.

PHOTO RELEASE

By registering for the 2016 ACCP Annual Meeting or its associated events, you have provided your release for free use by ACCP for promotional purposes of any photograph taken of you or in which you may be seen during the 2016 ACCP Annual Meeting.

QUESTIONS?

Call ACCP at (913) 492-3311 or visit the ACCP Web site at www.accp.com.