



Emerge from the Crowd: How to Become a Standout Residency Candidate

The Peppermill Resort • Reno, Nevada • April 28–29, 2012

PROGRAM REGISTRATION

Registration deadline is March 30, 2012, and includes enrollment in the 2-day live program, as well as access to the PRN Networking Breakfast and a complimentary box lunch on day 2 of the program.

REGISTRATION FEE

	Registrations received on or before March 30
Student Member	\$95.00
Student Nonmember	\$135.00
Total \$	

HOW TO REGISTER

1. ONLINE at www.accp.com/ec.
2. FAX your registration form to (913) 492-0088.
3. TELEPHONE your registration to (913) 492-3311.
4. MAIL your registration form 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 confirmatory e-mail within 2 weeks of registration. If you do not receive an e-mail, please call ACCP at (913) 492-3311.

CANCELLATION POLICY

An administrative fee of \$50 will be charged for cancellations on or before March 30, 2012. There is no fee to transfer a registration to another person in the same registrant class. He/she is responsible for any differences between the member/nonmember meeting registration rate at the time of transfer.

Requests for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after March 30, 2012.

PHOTO RELEASE

By registering for Emerge from the Crowd: How to Become a Standout Residency Candidate 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 program.

QUESTIONS?

E-mail ACCP at accp@accp.com, call ACCP at (913) 492-3311, or visit the program Web site at <http://www.accp.com/ec>.

REGISTRATION INFORMATION

(please print clearly)

Date _____

Name _____

Title _____

School/College of Pharmacy _____

Anticipated Graduation Date _____

Mailing address (home work):

City _____ State _____

Postal Code _____ Country _____

Daytime/mobile telephone _____

Fax No. _____

E-mail address (required) _____

Is this your first ACCP meeting? Yes No

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 _____