



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

PEPPERMILL RESORT • RENO, NEVADA • APRIL 20 & 21, 2013

## PROGRAM REGISTRATION

Registration deadline is April 5, 2013, and includes enrollment in the program, as well as a complimentary box lunch.

## REGISTRATION FEE

|                   | Registrations received on or before April 5. |
|-------------------|--|
| Student Member    | \$95.00                                      |
| Student Nonmember | \$135.00                                     |
| Total \$          |  |

## HOW TO REGISTER

1. ONLINE at [www.accp.com/ec](http://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 confirmation 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 April 5, 2013. 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 April 5, 2013.

## 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](mailto:accp@accp.com), call ACCP at (913) 492-3311, or visit the program Web site at [www.accp.com/ec](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"



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 \_\_\_\_\_