

ACCP/ESCP International Congress on Clinical Pharmacy  
 ACCP Pharmacotherapy Preparatory Course  
 PPAG International Pediatric Pharmacy and Clinical Pharmacology Symposium

Your Name: \_\_\_\_\_

**\*My primary purpose in registering for the meeting is to attend:**

- International Congress sessions
- Preparatory Course sessions
- PPAG sessions \*Required Information

EARLY registration deadline is March 6, 2009. LATE registration deadline is April 10, 2009. ONSITE registration fees apply if registration is received after April 10, 2009. Registration fees CANNOT be refunded for cancellations received after April 10, 2009.

Full registration includes access to Opening Reception, all meeting sessions, Congress handouts, Pediatric handouts, CE credit. One-day registration includes all activities for specific day, Congress handouts, Pediatric handouts, CE credit. Registration does NOT include Preparatory Course handouts.

<input type="checkbox"/> Pharmacotherapy Preparatory Course —	<b>Total</b>
<b>Book (printed handouts)</b> \$25*	_____

\*Limit one per person. Available to full conference registrants only.

## Full Meeting Registration

	Early	Late	Onsite	Total
Full/Associate Member	\$455	\$570	\$635	_____
Affiliate Member	\$740	\$850	\$925	_____
*Nonmember	\$740	\$850	\$925	_____

### Resident or Fellow

Member	\$185	\$235	\$275	_____
*Nonmember	\$275	\$330	\$355	_____

\*First-time meeting attendees who have never 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:

## One-Day Meeting Registration

Check one:  Friday\*\*  Saturday  Sunday  Monday  Tuesday  
 \*\*Does not include premeeting symposia.

	Total
Full/Associate Member	\$230 _____
Affiliate Member	\$340 _____
Nonmember	\$340 _____

### Resident or Fellow

Member	\$95 _____
Nonmember	\$135 _____

## Student Registration

### Full Meeting Registration

	Total
Member	\$125 _____
Nonmember	\$175 _____

For group discounts contact Jon Poynter at ACCP; phone: (913) 492-3311 x21, e-mail: [jpoynter@accp.com](mailto:jpoynter@accp.com).

## Student Luncheon Symposium Registration

Sunday, April 26, 12:00 p.m. – 2:00 p.m.

This symposium is for students only and is included with paid student registration. Please check the box if you plan to attend.

Would you like to receive information about StuNet, ACCP's network for students?  Yes  No

## Premeeting Symposia Registration

### Friday, April 24

Premeeting symposium registration includes course handouts and CE credit for specific course.

	Early	Late	Onsite	Total
<b>Leadership Primer</b> 8:00 a.m. – 4:30 p.m. Includes refreshments, course handout, and CE credit.				_____

Member	\$185	\$235	\$270	_____
Nonmember	\$290	\$340	\$365	_____

### Student, Resident, Fellow

Member	\$95	\$120	\$130	_____
NonMember	\$135	\$160	\$170	_____

## Research Primer

8:00 a.m. – 5:15 p.m.

Includes refreshments, course handout, and CE credit.

Member	\$185	\$235	\$270	_____
Nonmember	\$290	\$340	\$365	_____

### Student, Resident, Fellow

Member	\$95	\$120	\$130	_____
Nonmember	\$135	\$160	\$170	_____

## Assessing Student Learning

1:15 p.m. – 5:15 p.m.

Includes refreshments, course handout, and CE credit.

Member	\$85	\$110	\$120	_____
Nonmember	\$135	\$160	\$170	_____

### Student, Resident, Fellow

Member	\$55	\$75	\$85	_____
Nonmember	\$95	\$115	\$125	_____

## PPAG Reception

Friday, April 24, 6:30 p.m. – 8:00 p.m.

PPAG meeting attendees are encouraged to attend this event (included with paid meeting registration). Please check the box if you plan to attend.

## Pharmacotherapy Preparatory Course

	Total
<input type="checkbox"/> CD-ROM	\$100 _____
<input type="checkbox"/> Online	\$100 _____

Available only to those (member/nonmember) who paid full meeting registration. Limit one per person. CD-ROM/online version is audio recording of live course synched with slides. CD-ROM/online version available June 1, 2009.

## Student Travel Award

If you would like to make a tax-deductible contribution to help support student attendance at an ACCP meeting, please check one of the boxes below. All funds collected by the Student Travel Award Fund are applied directly to student meeting support; no funds are used for administrative or overhead expenses.

Amount of contribution (please check one):	Total
<input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	_____
<input type="checkbox"/> Other _____ (please specify amount)	_____

## REGISTRATION INFORMATION

Name: \_\_\_\_\_

ACCP Membership ID#: \_\_\_\_\_

Title: \_\_\_\_\_

(Students) Name of your college of pharmacy: \_\_\_\_\_

(Students) Your anticipated date of graduation: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address  home  work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

### Name Badge Information

Name (18 character maximum): \_\_\_\_\_

Title (18 character maximum): \_\_\_\_\_

Institution (25 character maximum): \_\_\_\_\_

Is this your first ACCP Meeting?  Yes  No

### Accompanying Person(s) Registration

Includes Opening Reception. No. of badges \_\_\_\_\_ x \$45 each

Please print name(s) legibly.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### 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 number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security code: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

Cardholder's name (print): \_\_\_\_\_

Cardholder's phone number: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

### How to Register

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

**American College of Clinical Pharmacy**  
13000 W. 87 St. Parkway, Suite 100  
Lenexa, KS 66215-4530

### Registration Confirmation

You should receive a confirmation letter by mail within two weeks of registration. If you do not receive a letter, please call ACCP at (913) 492-3311.

### Cancellation Policy

An administrative fee of \$50 will be charged for full or one-day meeting registrations cancelled on or before April 10, 2009. An administrative fee of \$30 will be charged for premeeting symposia registrations cancelled on or before April 10, 2009. Request for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after April 10, 2009.

### Photo Release

By registering for the ACCP/ESCP International Congress on Clinical Pharmacy and 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 meeting.

### Questions

Call ACCP at (913) 492-3311 or visit the ACCP Web site at [www.accp.com](http://www.accp.com).

### What is Your Primary Position?

(check one)

- Student
- Resident
- Fellow
- Clinical Pharmacist
- Drug-Information Specialist
- Consultant Pharmacist
- Adjunct Faculty
- Assistant Professor
- Associate Professor
- Professor
- Academic Dept. Chair
- Associate/Assistant Dean
- Dean
- Assistant Director of Pharmacy
- Director of Pharmacy
- Clinical Research
- Coordinator/Manager
- Medical Science Liaison/Manager (Pharmaceutical Industry)
- Pharmacy Manager/Supervisor/Clinical Coordinator
- Other; Please Specify: \_\_\_\_\_