

ACCP Updates in Therapeutics® 2012: ACCP Academy Programming

Name _____

EARLY registration deadline is March 16, 2012. LATE registration deadline is April 13, 2012. ON-SITE registration fees apply if registration is received after April 13, 2012. Registration fees CANNOT be refunded for cancellations received after April 13, 2012.

Full registration includes all sessions in the selected ACCP Academy track, session handouts, and continuing pharmacy education credit. One-day registration includes all activities for specific day.

Full Meeting Registration

	Early	Late	On-site	Total
Member	\$235	\$285	\$325	_____
Affiliate/Nonmember*	\$420	\$470	\$510	_____

Resident or Fellow

Member	\$145	\$195	\$235	_____
Nonmember*	\$225	\$275	\$315	_____

*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.

Please indicate which Academy Track you would like register for:

- Career Advancement Academy sessions
- Leadership and Management Academy sessions
- Research and Scholarship Academy sessions
- Teaching and Learning Academy sessions

1-Day Meeting Registration

(Check one) Friday Saturday Sunday Monday Tuesday

	Early	Late	On-site	Total
Member	\$135	\$170	\$205	_____
Affiliate/Nonmember	\$310	\$345	\$380	_____

Resident or Fellow

Member	\$95	\$130	\$165	_____
Nonmember	\$135	\$170	\$205	_____

ACCP Academy Programming

Each ACCP Academy track will concentrate its programming over a 2 day period. The ACCP Academy Programming will be as follows:

Leadership and Management	Leadership Primer	April 27
	Interpersonal Leadership Development	April 28
	Shared Leadership: Nurturing Teams (elective)	April 28
	Case Studies in Ethical Leadership (elective)	April 28
Research and Scholarship	Research Primer	April 27
	Statistical Issues	April 28
	Designing Survey Research (elective)	April 28
	Conducting Survey Research (elective)	April 28
Career Advancement	Extending Your Practice By Mentoring and Precepting	April 29
	Continued Professional Development: Becoming a Clinical Consultant and Providing Service Beyond Clinical Practice (elective)	April 29
	Developing a Business Practice Plan (elective)	April 29
	Establishing Interprofessional and Patient-Centered Roles	April 30
	Assessing Student Learning	April 30
Teaching and Learning	Planning for Effective Teaching	April 29
	Active Learning: What Works & What Doesn't (elective)	April 29
	Experiential Teaching: Transitioning from Books to Bedside Learning (elective)	April 29

For the complete Academy curricular schedule, please visit: www.accp.com/academy.

REGISTRATION INFORMATION

Name _____

ACCP Membership ID No. _____

Title _____

(Students) Name of your college of pharmacy _____

(Students) Your anticipated date of graduation _____

Institution _____

Mailing address (home work) _____

City _____ State _____ ZIP _____ Country _____

Daytime telephone (_____) _____ Fax No. (_____) _____

E-mail address (required) _____

NAME BADGE INFORMATION

Name (18 characters maximum) _____

Institution (25 characters maximum) _____

City, state _____

Is this your first ACCP meeting? Yes No

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact _____
(Please print legibly)

Emergency Contact phone number (_____) _____

On-site contact telephone number (cell preferred) _____

Student and Resident/Fellow Travel Awards

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

Student Travel Award

Amount of contribution (please check one) \$10 \$25 \$50 \$_____ Other (please specify amount) _____

Total _____

Resident/Fellow Travel Award

Amount of contribution (please check one) \$10 \$25 \$50 \$_____ Other (please specify amount) _____

Total _____

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** 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 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 full or 1-day meeting registrations cancelled on or before April 13, 2012. An administrative fee of \$30 will be charged for any registrations transferred before April 13, 2012.

Requests for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after April 13, 2012.

PHOTO RELEASE

By registering for the ACCP Updates in Therapeutics® 2012 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 ACCP Updates in Therapeutics® 2012.

QUESTIONS?

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