MEETING REGISTRATION

Your Name: ____________________________  ____________________________
   First Name   Last Name (Surname)

REGISTRATION DEADLINES

• EARLY registration deadline: September 14, 2018
• REGULAR registration deadline: October 5, 2018
• ON-SITE registration fees apply after October 5, 2018. Registration fees CANNOT be refunded for cancellations received after October 5, 2018.

Full Meeting Registration

<table>
<thead>
<tr>
<th></th>
<th>Early (Thru 9/14)</th>
<th>Regular (9/15-10/5)</th>
<th>Late &amp; On-site (10/6-10/23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$575</td>
<td>$675</td>
<td>$780</td>
</tr>
<tr>
<td>Affiliate/Nonmember*</td>
<td>$955</td>
<td>$1060</td>
<td>$1160</td>
</tr>
<tr>
<td>Resident and Fellow Trainees</td>
<td>$245</td>
<td>$345</td>
<td>$445</td>
</tr>
<tr>
<td>Nonmember*</td>
<td>$425</td>
<td>$525</td>
<td>$625</td>
</tr>
<tr>
<td>Students†</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td>$200</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>Nonmember*</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
</tr>
</tbody>
</table>

* First-time attendees who have never been an ACCP member and who register and pay the full meeting, non-member registration fee will automatically receive a complimentary 6-month membership in ACCP.

† Must be a student in a pharmacy degree program earning their first professional degree. CPE credit is not available. For student group discounts, contact Jon Poynter at ACCP; telephone: (913) 492-3311; e-mail: jpoyneter@accp.com.

One-Day Registration

<table>
<thead>
<tr>
<th></th>
<th>Early (Thru 9/14)</th>
<th>Regular (9/15-10/5)</th>
<th>Late &amp; On-site (10/6-10/23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$300</td>
<td>$400</td>
<td>$505</td>
</tr>
<tr>
<td>Affiliate/Nonmember*</td>
<td>$450</td>
<td>$550</td>
<td>$650</td>
</tr>
<tr>
<td>Resident and Fellow Trainees</td>
<td>$150</td>
<td>$250</td>
<td>$350</td>
</tr>
<tr>
<td>Nonmember</td>
<td>$245</td>
<td>$340</td>
<td>$445</td>
</tr>
</tbody>
</table>

Check one:  ☐ Saturday  ☐ Sunday  ☐ Monday  ☐ Tuesday

Guest Registration

Includes the Opening General Session, Opening Reception, Poster and Paper Presentations, ACCP Business Meeting and Town Hall, and all award presentations. Does not include CPE credit.

$100 each

STUDENT PROGRAMMING

Student Program: Emerge from the Crowd

Emerge from the Crowd: How to Become a Standout Residency Candidate
   Saturday, October 20, 1:00 p.m. – 6:30 p.m.

This event is intended for students and is included with paid student registration.

☐ Please check the box if you plan to attend.

PROFESSIONAL PLACEMENT FORUM

Sunday, October 21

There is no additional fee to attend the Professional Placement Forum. However, applicants/candidates and hiring representatives must be registered for at least 1 day (Sunday) of the Global Conference to participate in the Professional Placement Forum. Applicants/candidates and hiring representatives may attend one, two, or all three sessions.

I am an applicant/candidate and plan to attend:

☐ Residency and Fellowship Positions, I, 8:00 a.m. – 9:30 a.m.
☐ Residency and Fellowship Positions, II, 10:00 a.m. – 11:30 a.m.
☐ New Practitioner Positions, 1:30 p.m. – 3:00 p.m.

Please visit www.accp.com/forum18 to complete your online applicant profile to be viewed by hiring representatives.

Attention Hiring Representatives

Don’t miss this opportunity to reach highly qualified candidates. Please reserve your table at www.accp.com/forum18 no later than September 14. A complimentary table in the New Practitioner Positions session is available for those who have a current online position listing on ACCP’s website. Visit www.accp.com/forum18 for details.

BPS RECERTIFICATION CREDIT

Clinical Reasoning Series

Those seeking BCACP or BCCCP recertification credit must select and attend the appropriate clinical reasoning series and purchase access to and pass the recertification posttest to claim the credit. All participants of the Clinical Reasoning Series program(s) must be registered for at least 1 day (Monday) of the Global Conference.

☐ Clinical Reasoning Series in Ambulatory Care Pharmacy
   Recertification Posttest (Member/Nonmember) $50

☐ Clinical Reasoning Series in Critical Care Pharmacy
   Recertification Posttest (Member/Nonmember) $50

BCOP Clinical Sessions

BCOP Clinical Session, Part I (Sunday, October 21; 4:00 p.m. – 6:00 p.m.)
BCOP Clinical Session, Part II (Monday, October 22; 8:30 a.m. – 10:30 a.m.)

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

Recertification Posttests (Member/Nonmember) $50

TOTAL

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

Name: ________________________________ ________________________________
First Name Last Name (Surname)

ACCP Membership ID No.: ________________________________________________

Title: ___________________________________________________________________

Institution: __________________________________________________________________

(Students) Name of your college of pharmacy: ________________________________

(Students) Your anticipated date of graduation: ________________________________

Mailing address ( □ home □ work): ___________________________________________

City: __________________________ State: ______ ZIP: __________

Country: ____________________________________________________________________

Daytime telephone: ( _____ ) _______ ___________ Fax: ( _____ ) _______ ___________

E-mail address (required): ___________________________________________________________________

NAME BADGE INFORMATION

Name (18 characters maximum): ___________________________________[_________]

Institution (18 characters maximum): __________________________________________

City/State (25 characters maximum): __________________________________________

EMERGENCY CONTACT INFORMATION

Name of emergency contact: __________________________________________________________________

Emergency contact telephone number: ___________________________________________

On-site contact telephone number (cell preferred): __________________________________________________________________

GUEST REGISTRATION

Number of badges _____ $100 each

Please print name(s) legibly.

Name(s): ______________________________________________________________________

METHOD OF PAYMENT

Total $ ____________________________

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: __________________________________________________________________

Check or money order payable in U.S. funds to American College of Clinical Pharmacy

HOW TO REGISTER


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 5, 2018.

Registration fees CANNOT be refunded for cancellations received on or after October 5, 2018. Requests for cancellation 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 activity 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 activity and forward them to the attendees.

PHOTO RELEASE

By registering for the 2018 ACCP Global Conference 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 2018 ACCP Global Conference.

QUESTIONS?

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