# ACCP Updates in Therapeutics 2011

**Name _____________________________________________**

My primary purpose in registering for the meeting is to attend:
- [ ] Ambulatory Care Pharmacy Review Course sessions
- [ ] Pharmacotherapy Review Course sessions

EARLY registration deadline is February 25, 2011. LATE registration deadline is March 24, 2011. ON-SITE registration fees apply if registration is received after March 24, 2011. Registration fees CANNOT be refunded for cancellations received after March 24, 2011.

Full registration includes all Pharmacotherapy and Ambulatory Care Course meeting sessions, your choice of either the Ambulatory Care Course or the Pharmacotherapy Course workbook, and continuing pharmacy education credit. One-day registration includes all activities for specific day.

### Full Meeting Registration

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Late</th>
<th>On-site</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member</strong></td>
<td>$495</td>
<td>$615</td>
<td>$705</td>
<td></td>
</tr>
<tr>
<td><strong>Affiliate/Nonmember</strong></td>
<td>$815</td>
<td>$925</td>
<td>$995</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Resident or Fellow</strong></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Member</strong></td>
<td>$235</td>
<td>$290</td>
<td>$330</td>
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</tr>
<tr>
<td><strong>Nonmember</strong></td>
<td>$330</td>
<td>$380</td>
<td>$425</td>
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*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 select one Updates in Therapeutics workbook:
- [ ] Ambulatory Care Review Course print workbook**
- [ ] Pharmacotherapy Review Course print workbook**

** Limit one workbook per registration

### 1-Day Meeting Registration

(Check one)
- [ ] Friday
- [ ] Saturday
- [ ] Sunday
- [ ] Monday
- [ ] Tuesday

<table>
<thead>
<tr>
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<th>Late</th>
<th>On-site</th>
<th>Total</th>
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</thead>
<tbody>
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<td><strong>Member</strong></td>
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<td><strong>Affiliate/Nonmember</strong></td>
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<table>
<thead>
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<td><strong>Member</strong></td>
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<tr>
<td><strong>Nonmember</strong></td>
<td>$145</td>
<td>$190</td>
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### Updates in Therapeutics 2011 All Access Pass

<table>
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<th>Early</th>
<th>Late</th>
<th>On-site</th>
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<tr>
<td><strong>Affiliate/Nonmember</strong></td>
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<td>$1390</td>
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</table>

<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>Member</strong></td>
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<tr>
<td><strong>Nonmember</strong></td>
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<td>$490</td>
<td></td>
</tr>
<tr>
<td><strong>Nonmember</strong></td>
<td>$610</td>
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Please select one Updates in Therapeutics 2011 All Access Pass:
- [ ] Ambulatory Care Course
- [ ] Pharmacotherapy Course

ACCP’s All Access Pass includes the selected course’s workbook, online course, registration for the 2011 Test Taking Webinar (offered in July 2011), and registration for the Last Chance Webinar (offered in September 2011).

### Updates in Therapeutics 2011 Course Products

<table>
<thead>
<tr>
<th></th>
<th>Pharmacotherapy</th>
<th>Ambulatory Care</th>
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<tbody>
<tr>
<td><strong>Print Workbook</strong></td>
<td>$50</td>
<td>$115</td>
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<tr>
<td><strong>CD-ROM and MP3</strong></td>
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<tr>
<td><strong>Online Course</strong></td>
<td>$115</td>
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<tr>
<td><strong>Recertification Test</strong>*</td>
<td>$50</td>
<td>N/A</td>
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Available only to those (member/nonmember) who paid full meeting registration (above) for Updates in Therapeutics. The CD-ROM and MP3 files will be available June 2011. The online course will be available June 2011.

***To earn BCPS recertification credit for the 2011 Pharmacotherapy Preparatory Review and Recertification Course you must successfully complete the posttest which will be made available on or around June 1, 2011. This product is only available only to those (member/nonmember) who paid full meeting registration for the Pharmacotherapy Preparatory Review and Recertification Course.

**NOTE:** Purchase quantity is limited to one of each product per full meeting registrant or All Access Pass registrant.
**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) ______

**Resident/Fellow Travel Award**

Amount of contribution (please check one) □ $10 □ $25 □ $50 □ $______ Other (please specify amount) ______

**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 canceled on or before March 24, 2011. An administrative fee of $30 will be charged for any registrations transferred before March 24, 2011.

Requests for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after March 24, 2011.

**PHOTO RELEASE**

By registering for the ACCP Updates in Therapeutics 2011 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 2011.

**QUESTIONS?**

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