

Pharmacist, Technician, Guest and Exhibit Hall Visitor Registration Form

MPA Annual Convention & Exposition
Feb. 24-26, 2012, Marriott Hotel at the Renaissance Center, Detroit



STEP 1 Pharmacist and Technician Registrant Information

Please complete Convention registration information below. If you are bringing a guest who will attend convention functions, or if you wish to attend the exhibit hall only, complete Steps 3 and 4. If you are a student pharmacist attending the convention, please complete the student pharmacist registration form or register at MichiganPharmacists.org/eventDetails.php?x=653.

Legibly print your name as you would like it to appear on your name badge.

First Name																					Last Name																				
Nick-name																					Member ID*																				

**Member ID is located on your membership card.*

Employer _____ Title _____

Mailing Address _____ City/State/Zip _____ Home Work

Home Phone _____ Work Phone _____ Fax _____ E-mail _____

Practice Setting:
 Academia Community Consultant Health-System Industry Managed Care Retired Other _____

STEP 2 Pharmacist and Technician Registration

Register early to save! Please indicate which type of registration you require. Pre-registration will close at 4:30 p.m. on Thursday, Feb. 16, 2012; therefore, registration forms must be received by MPA (fax or postmark) before that date and time. After Feb. 16, 2012, participants must register for the Annual Convention onsite and pay the onsite rate.

3-Day Registration

(Registration rates include admission to continuing education programs, exhibit hall, Saturday's pre-banquet reception and a discounted rate of \$5 for Saturday's Annual Banquet*.)

PHARMACIST (Please check the appropriate rate.)				TECHNICIAN (Please check the appropriate rate.)			
	Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite		Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite
Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$310	<input type="checkbox"/> \$360	Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$190
Nonmember	<input type="checkbox"/> \$600	<input type="checkbox"/> \$640	<input type="checkbox"/> \$745	Nonmember	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$385

2-Day Registration

(Registration rates include admission to continuing education programs, exhibit hall and Saturday's pre-banquet reception.) Circle days attending: FRI., 2/24 SAT., 2/25 SUN., 2/26**

PHARMACIST (Please check the appropriate rate.)				TECHNICIAN (Please check the appropriate rate.)			
	Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite		Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite
Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$280	<input type="checkbox"/> \$330	Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175
Nonmember	<input type="checkbox"/> \$535	<input type="checkbox"/> \$580	<input type="checkbox"/> \$685	Nonmember	<input type="checkbox"/> \$240	<input type="checkbox"/> \$295	<input type="checkbox"/> \$360

1-Day Registration

(Registration rates include admission to continuing education programs, exhibit hall and Saturday's pre-banquet reception.) Circle day attending: FRI., 2/24 SAT., 2/25 SUN., 2/26**

PHARMACIST (Please check the appropriate rate.)				TECHNICIAN (Please check the appropriate rate.)			
	Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite		Nov. 1-Jan. 16	Jan. 17-Feb. 16	Onsite
Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	<input type="checkbox"/> \$290	Member	<input type="checkbox"/> \$110	<input type="checkbox"/> \$135	<input type="checkbox"/> \$165
Nonmember	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495	<input type="checkbox"/> \$600	Nonmember	<input type="checkbox"/> \$220	<input type="checkbox"/> \$275	<input type="checkbox"/> \$335

* 3-day registrants must indicate whether they will attend the Annual Banquet in Step 5. Individuals registering after Feb. 16 and onsite must pay the full banquet fee of \$75.

** Any 1-day or 2-day pre-registrant (where Sunday is included) may take an additional \$25 discount. Enter discount at Step 9. Total Step 2 \$ _____

STEP 3 Guest and Exhibit Hall Visitor Registrant Information

Please complete Convention registration information below. If you are a student pharmacist, please complete the student registration form. If you are a pharmacist or technician, do not complete Step 3 and complete Step 1 instead.

Legibly print your name as you would like it to appear on your name badge.

First Name																				Last Name																			
Nick-name																																							

This registrant is a guest of (name of pharmacist or technician registrant) _____

Mailing Address _____ City/State/Zip _____ Home Work

Home Phone _____ Work Phone _____ Fax _____ E-mail _____

STEP 4 Guest and Exhibit Hall Visitor Registration

Please indicate which type of registration you require. If you are a pharmacist or technician, do not complete Step 4 and complete Steps 1 and 2 instead. If you are a student pharmacist, please complete the student registration form. Pre-registration will close at 4:30 p.m. on Thursday, Feb. 16, 2012; therefore, registration forms must be received by MPA (fax or postmark) before that date and time. After Feb. 16, 2012, participants must register for the Annual Convention onsite.

Guest \$50—This is available for a spouse or significant other who is not involved in the profession of pharmacy but is accompanying a pharmacist or technician registrant. (Registration rate includes admission to continuing education programs [continuing education credits will not be issued], exhibit hall and Saturday's pre-banquet reception.)

Exhibit Hall Visitor \$50—This rate is for anyone who wishes to go through the exhibit hall only and attend no other part of the Convention. Total Step 4 \$ _____

STEP 5 Special Events

Please indicate all activities that you will attend. These fees are in addition to the registration rates.

	Member	Nonmember	Number of Tickets	Total
<input type="checkbox"/> Saturday Consultant Pharmacists Society of Michigan (CPSM) Annual Meeting and Luncheon <i>Consultant pharmacists only. CPSM members are complimentary. Pre-registration is necessary.</i>	Complimentary	\$45	x _____	= \$ _____
<input type="checkbox"/> Saturday Michigan Society of Community Pharmacists (MSCP) Annual Meeting and Luncheon <i>Community pharmacists only. MSCP members are complimentary. Seating is limited to the first 60 registrants. Pre-registration is necessary.</i>	Complimentary	\$45	x _____	= \$ _____
<input type="checkbox"/> Saturday Michigan Society of Pharmacy Technicians (MSPT) Annual Meeting and Luncheon <i>Technicians only. MSPT members are complimentary. Pre-registration is necessary.</i>	Complimentary	\$45	x _____	= \$ _____
<input type="checkbox"/> Saturday Annual Banquet (for 3-day registrants registering on or before Feb. 16, 2012) <i>If someone who is not a pharmacist or technician will accompany you to the banquet or other functions of the Convention, please complete Steps 3 and 4 and check the following banquet option. Pre-registration is necessary.</i>	\$5	\$10	x _____	= \$ _____
<input type="checkbox"/> Saturday Annual Banquet (for 1- and 2-day and guest registrants and all attendees after Feb. 16, 2012) <i>If someone who is not a pharmacist or technician will accompany you to the banquet or other functions of the Convention, please complete Steps 3 and 4. Pre-registration is necessary.</i>	\$75	\$75	x _____	= \$ _____
<input type="checkbox"/> Sunday House of Delegates with Sunday Convention Registration <i>Pay this rate if you will participate in the House of Delegates on Sunday and attend continuing education programs on Sunday only. If you intend to participate in other Convention functions on Friday or Saturday, please complete Step 2.</i>	\$35	N/A	x _____	= \$ _____
<input type="checkbox"/> Sunday House of Delegates Session Only <i>Pay this rate if you will participate in the House of Delegates on Sunday only and will not participate in other Convention activities.</i>	Complimentary	N/A		
Total Step 5 \$				_____

STEP 6 MPF Adopt-a-Student Grant Contribution

If you wish to support a student pharmacist to attend the Annual Banquet, please indicate so below. This is a tax-deductible contribution to the Michigan Pharmacy Foundation. A separate check must be made payable to MPF to be tax-deductible. A receipt will be mailed to you for your tax records. If payment is made to MPA and/or is made with a credit card, the payment will not be eligible for a tax-deductible receipt.

	Member	Nonmember	Number of Tickets	Total Step 6
<input type="checkbox"/> Michigan Pharmacy Foundation Adopt-a-Student	\$75	\$75	x _____	= \$ _____

STEP 7 Michigan Pharmacy PAC Luncheon

If you plan to attend the Michigan Pharmacy PAC luncheon, please indicate so below. A separate personal check made payable to Pharmacy PAC is preferred so funds that are raised may be used to support pharmacy-friendly legislative candidates.

	Member	Nonmember	Number of Tickets	Total Step 7
<input type="checkbox"/> Friday Michigan Pharmacy PAC Luncheon	\$100	\$100	x _____	= \$ _____

STEP 8 Specific Requests

Special Needs:

ASL Interpreter Brailled Material Other (please specify) _____

Dietary:

Vegetarian (please specify restrictions) _____
 Other (please specify) _____

This meeting facility meets the criteria of the Americans with Disabilities Act.

STEP 9 Amount Due

Total Step 2	\$ _____
Total Step 4	+ \$ _____
Total Step 5	+ \$ _____
Subtotal Steps 2, 4 and 5	= \$ _____
Sunday Registrant Discount	- \$ _____
Amount due to MPA (Check or Credit Card)	= \$ _____

Total Step 6 (Check payable to MPF)
Credit card payment will not be accepted for Step 6 + \$ _____

Total Step 7 (Check payable to Pharmacy PAC)
Personal check preferred + \$ _____

Total Payment(s) Enclosed = \$ _____

Full payment must accompany the registration form to qualify for discounts. Incomplete registrations or registrations with partial payment will not be processed.

Method of Payment:

Check enclosed Visa/MasterCard

Account # _____

Expiration Date _____ CVV Code _____

Signature _____

A confirmation e-mail verifying receipt of your registration form will be sent if an e-mail address is provided. Or send a self-addressed, stamped, envelope to receive confirmation by mail. Confirmations will be sent within 15 business days of receipt of registration form.

Cancellation and Refund Policy

All requests for refunds must be received in writing by Feb. 7, 2012 (postmark or fax date). Cancellations or registration modifications resulting in a refund received from Feb. 8 through Feb. 14, 2012, will be assessed a \$50 administrative fee. Cancellations after Feb. 14, 2012, no shows or changes made onsite to registrations will not be refunded. Refunds will not be given for inclement weather, nor will refunds be given due to registration errors made by the participant.

Media Release

My participation in this event is my consent, as well as the consent of any guests I bring, to be photographed, videotaped or recorded in any fashion by the Michigan Pharmacists Association (MPA) Family of Companies. I do hereby release to MPA, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for photographing or recording me, either for initial or subsequent transmission or playback.

For MPA Accounting Use Only

Check # _____ Amount _____ Date _____ Received membership dues

For MPF Accounting Use Only

Check # _____ Amount _____ Date _____ Tax-deductible receipt sent

For PAC Accounting Use Only

Check # _____ Amount _____ Date _____ Paid with personal check

Return completed registration form and payment to:
 Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing, MI 48933
 FAX (517) 484-4893 (credit card payment only)
 Register online at MichiganPharmacists.org/eventDetails.php?x=653.