

Student Pharmacist Registration Form

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

STEP 1 Registrant Information

Please complete convention registration information below. If you are a pharmacist, technician, guest or exhibit hall only visitor, please complete the Pharmacist, Technician, Guest and Exhibit Hall Visitor Registration Form.

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

First Name	<input type="text"/>	Last Name	<input type="text"/>
Nick-name	<input type="text"/>	School:	<input type="checkbox"/> FSU <input type="checkbox"/> UM <input type="checkbox"/> WSU <input type="checkbox"/> Other _____
Address	City/State/Zip _____		
Home Phone	Work Phone	Fax	
E-mail Address _____			
Practice Area of Interest: <input type="checkbox"/> Academia <input type="checkbox"/> Community <input type="checkbox"/> Consultant <input type="checkbox"/> Health-System <input type="checkbox"/> Industry <input type="checkbox"/> Managed Care <input type="checkbox"/> Retired <input type="checkbox"/> Other _____			

STEP 2 Student Pharmacist Registration

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.

Please check the appropriate member status. If you are a pharmacist, technician, guest or exhibit hall only visitor, you must register as such using the Pharmacist, Technician, Guest and Exhibit Hall Registration Form. (Registration includes continuing education programs, exhibits and Saturday's pre-banquet reception.)

<input type="checkbox"/> SMPA Member	Before Feb. 16 Complimentary*	Onsite \$10	Circle day(s) attending:	FRIDAY, 2/24	SATURDAY, 2/25	SUNDAY, 2/26
<input type="checkbox"/> Nonmember	\$20**	\$30				

*To be eligible for complimentary registration, student pharmacists must be a Student MPA member.

**The nonmember rate includes complimentary student membership in Michigan Pharmacists Association for 2012.

Total Step 2 \$ _____

STEP 3 Special Events

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

	Member	Nonmember	Total
<input type="checkbox"/> Friday Michigan Pharmacy PAC Luncheon <i>Pre-registration is necessary.</i>	\$50	\$50	\$ _____
<input type="checkbox"/> Friday Student Pharmacist Social <i>Limited to student pharmacists and other individuals by invitation only. Pre-registration is necessary.</i>	Complimentary	\$10	\$ _____
<input type="checkbox"/> Saturday Annual Banquet <i>For student pharmacists who wish to attend the Annual Banquet and aren't eligible to participate in the MPF Adopt-a-Student Grant Contribution program. Pre-registration is necessary.</i>	\$75	\$75	\$ _____
<input type="checkbox"/> Saturday MSHP Student Pharmacist Luncheon <i>*This luncheon is complimentary to nonmembers with paid registration. Pre-registration is necessary.</i>	Complimentary	Complimentary*	
<input type="checkbox"/> Adopt-a-Student Program <i>This program is for SMPA members only. Indicate whether you would like to be adopted through the Adopt-a-Student program in order to attend the Annual Banquet complimentary. If adopted, you must agree to to serve as an ambassador at the convention. You will be contacted about selecting a responsibility.</i>	Complimentary	N/A	

Total Step 3 \$ _____

STEP 4 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.

For MPA Accounting Use Only

Check # _____ Amount _____ Date _____
 Received membership dues

STEP 5 Amount Due

Total Step 2 \$ _____
Total Step 3 + \$ _____
Subtotal Steps 2 and 3 = \$ _____
Total Balance Due = \$ _____

Method of Payment:

Check enclosed Visa/MasterCard

Account # _____
Expiration Date _____ CVV Code _____

Full payment must accompany the registration. Registration forms will not be processed without full payment. Incomplete registration forms will not be processed. 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 10 business days of receipt of registration form.

Cancellation and Refund Policy

All requests for refunds must be received in writing by Feb. 14, 2012 (postmark or fax date). 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.

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.