



# REGISTRATION FORM

Charlotte, NC  
Oct. 9-12, 2021

## ATTENDEE INFORMATION (REQUIRED FIELDS †)

† NCPA MEMBERSHIP NO. \_\_\_\_\_

† GRADUATION YEAR, IF STUDENT \_\_\_\_\_

† LAST NAME \_\_\_\_\_ † FIRST NAME \_\_\_\_\_ † NICKNAME FOR BADGE \_\_\_\_\_

† COMPANY/ORGANIZATION \_\_\_\_\_

† STREET ADDRESS \_\_\_\_\_ † CITY/STATE/ZIP \_\_\_\_\_

† DAYTIME PHONE \_\_\_\_\_ † FAX \_\_\_\_\_ † EMAIL \_\_\_\_\_

† EMERGENCY CONTACT NAME \_\_\_\_\_ † PHONE NUMBER \_\_\_\_\_

GUEST NAME OR TEAM MEMBER NAME \_\_\_\_\_ NICKNAME FOR BADGE \_\_\_\_\_

YES  NO

NAME OF PRIMARY BUYING GROUP/COOPERATIVE OR WHOLESALER \_\_\_\_\_

Send additional information from exhibiting companies

## METHOD OF PAYMENT (REQUIRED FIELDS †)

Convention Total: \$ \_\_\_\_\_ | Pre-convention Total: \$ \_\_\_\_\_

Enclosed check made payable to NCPA for \$ \_\_\_\_\_ (IN U.S. FUNDS, DRAWN ON A U.S. BANK)

Charge \$ \_\_\_\_\_ to my credit card (CARD WILL BE CHARGED IMMEDIATELY)

Visa  MasterCard  American Express  Discover

† CARD NUMBER \_\_\_\_\_

† EXPIRATION DATE \_\_\_\_\_ † SECURITY CODE \_\_\_\_\_

† CARDHOLDER NAME (PLEASE PRINT) \_\_\_\_\_

**MAIL TO:**  
 NCPA, 100 Daingerfield Road,  
 Alexandria, Virginia 22314,  
 Attn: NCPA Conventions  
 .....  
**FAX: 703.683.3619**  
 .....  
**REGISTER BY PHONE:**  
 508.743.8556

### Registration Fee Inclusions

Fees for the majority of registration categories include entrance to all business education, student programming, symposia meals, exhibit hall, opening night reception, continental breakfasts, exhibit hall reception and lunches, and Monday night dinner/dance. *\*Please note that fees for the Spouse/Guest and Team Member registration categories do not include CE credits.*

### Cancellation Policy

Cancellations must be submitted in writing and received by September 24, 2021. Cancellations should be addressed to NCPA, 100 Daingerfield Road, Alexandria, VA 22314, Attn: NCPA Conventions. Registrants also may send cancellations via email (ncpa@xpressreg.net). *Refunds will not be issued for "no show" registrants.* Authorized refunds will be issued thirty (30) days after the close of the NCPA convention.

### Liability Waiver and Convention Policies (Please read and sign)

I am fully aware of the risks of attending the NCPA 2021 Convention ("Activities"), including those associated with the COVID 19 pandemic, and I assume full responsibility for my own well-being and have chosen to participate in the NCPA 2021 Convention of my own free will. I forever release NCPA and any affiliated organizations, along with their respective board members, employees, volunteers, agents, attorneys, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse and

legal representatives now have, or may have in the future, for bodily injury, death, or property damage, related to (i) my participation in the Activities or presence on the site, (ii) the negligence or other acts of any Releasee, whether directly connected to the Activities or not, and however caused, and (iii) the condition of the site. I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make any claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing Release. Should they do so, I agree that they will be liable for paying the attorneys' fees and costs incurred by any Releasee who is successful in enforcing this Release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NCPA. I SIGN IT OF MY OWN FREE WILL.

CONSENT: I consent to be photographed and/or videographed and grant permission for 2021 convention photographs and/or videos to be used by NCPA staff for promotional purposes.

My signature below indicates that I have read, understand, and agree to abide by the liability waiver, all NCPA convention policies and the consent

\_\_\_\_\_  
SIGNATURE DATE



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## 2021 Annual Convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

Category	Registration	Onsite Starting 10/9
<input type="checkbox"/> Pharmacist (Owner/Manager, Staff)—Member	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995
<input type="checkbox"/> Pharmacist (Owner/Manager, Staff)—Nonmember*	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,500
<input type="checkbox"/> Pharmacy Resident—Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590
<input type="checkbox"/> Pharmacy Resident—Nonmember	<input type="checkbox"/> \$595	<input type="checkbox"/> \$645
<input type="checkbox"/> Pharmacy Technician—Member	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540
<input type="checkbox"/> Pharmacy Technician—Nonmember	<input type="checkbox"/> \$560	<input type="checkbox"/> \$615
<input type="checkbox"/> Dean/Faculty Member <i>(Please complete registration form)</i>	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615
<input type="checkbox"/> Student—Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$290
<input type="checkbox"/> Student—Nonmember*	<input type="checkbox"/> \$315	<input type="checkbox"/> \$340
<input type="checkbox"/> Non-Pharmacist Spouse/Guest	<input type="checkbox"/> \$669	<input type="checkbox"/> \$719
<input type="checkbox"/> Non-Pharmacist Team Member—Member	<input type="checkbox"/> \$669	<input type="checkbox"/> \$719
<input type="checkbox"/> Non-Pharmacist Team Member—Nonmember	<input type="checkbox"/> \$739	<input type="checkbox"/> \$789
<b>One Day Registrant (per day) PHARMACISTS ONLY</b>		
<input type="checkbox"/> Member <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$575	<input type="checkbox"/> \$575
<input type="checkbox"/> Nonmember <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735
<input type="checkbox"/> Non-Exhibiting Representative—Member	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> Non-Exhibiting Representative—Nonmember	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295

\*Price includes NCPA Membership.

## 2021 Pre-convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

**PRE-CONVENTION REGISTRATION DEADLINE: September 24, 2021**

Program	Pre-convention Only Member Rate	Pre-convention Only Nonmember Rate
<input type="checkbox"/> Ownership Workshop — 10/7 - 10/9	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,195*
<input type="checkbox"/> The Business of Long-Term Care Workshop — 10/7 - 10/8	<input type="checkbox"/> \$695 LTC Division Member <input type="checkbox"/> \$845†	<input type="checkbox"/> \$1,145*†
<input type="checkbox"/> Creating Health: Pharmacist-Led Lifestyle and Weight Management — 10/8	<input type="checkbox"/> \$595	<input type="checkbox"/> \$795
<input type="checkbox"/> Chronic Care, Remote Monitoring, and Behavioral Health Integration Training & Tour - 10/8 <i>**Space is limited to 75 registrants for a tour.</i>	<input type="checkbox"/> \$695	<input type="checkbox"/> \$895
<input type="checkbox"/> Community Pharmacy-Based Point-of-Care Testing Certificate Course — 10/9 <i>The target is pharmacists, pharmacy technicians and student pharmacists.</i>	<input type="checkbox"/> \$295	<input type="checkbox"/> \$495

\*Price includes NCPA Membership.

†Price includes LTC Division Membership.