



REGISTRATION FORM
Orlando, FL
Oct. 14-17, 2023



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(S) _____

† EMAIL _____

NICKNAME FOR BADGE _____

GUEST NAME OR TEAM MEMBER NAME(S) _____

† EMAIL _____

NICKNAME FOR BADGE _____

YES NO

NAME OF PRIMARY BUYING GROUP/COOPERATIVE OR WHOLESALER _____

Send additional information from exhibiting companies

Are you attending Monday, Oct. 16 dinner/dance? Yes No

PHARMACISTS ONLY: Do you wish to serve in the House of Delegates for your state? Yes No

Is this your first time attending convention?

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) _____

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 registration category do not include CE credits.*

Cancellation Policy

Cancellations must be submitted in writing and received by October 2, 2023 and are subject to a \$100 cancellation fee for each cancelled registration. Cancellations should be sent via email to Eva Jones, eva.jones@ncpa.org. 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 2023 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 2023 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 2023 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

MAIL TO:
NCPA, 100 Daingerfield Road,
Alexandria, Virginia 22314,
Attn: NCPA Conventions
.....
EMAIL: eva.jones@ncpa.org
.....
Questions about Registration?
Contact:
American Tradeshow Services
985/240-5511

SIGNATURE

DATE



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2023 Annual Convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

Pharmacy Teams	Registration
<input type="checkbox"/> Pharmacy Teams Registration— Members only (Up to 4 Owner/Managers, Staff Pharmacists and Technicians/Support Staff)	<input type="checkbox"/> \$2,700
<input type="checkbox"/> One Additional Team Member	<input type="checkbox"/> \$750

TEAM RATES

Category	Registration	Onsite Starting 10/14
<input type="checkbox"/> Owner/Manager/Pharmacist—Member	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,150
<input type="checkbox"/> Owner/Manager/Pharmacist—Nonmember*	<input type="checkbox"/> \$1,555	<input type="checkbox"/> \$1,655
<input type="checkbox"/> Pharmacy Resident—Member	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640
<input type="checkbox"/> Pharmacy Resident—Nonmember	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690
<input type="checkbox"/> Pharmacy Technician/Support Staff—Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590
<input type="checkbox"/> Pharmacy Technician/Support Staff—Nonmember	<input type="checkbox"/> \$610	<input type="checkbox"/> \$660
<input type="checkbox"/> Dean/Faculty Member (Please complete registration form)	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690
<input type="checkbox"/> Student—Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$340
<input type="checkbox"/> Student—Nonmember*	<input type="checkbox"/> \$365	<input type="checkbox"/> \$390
<input type="checkbox"/> Non-Pharmacist Spouse/Guest	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875
<input type="checkbox"/> Non-Pharmacist—Member	<input type="checkbox"/> \$800	<input type="checkbox"/> \$850
<input type="checkbox"/> Non-Pharmacist—Nonmember	<input type="checkbox"/> \$870	<input type="checkbox"/> \$929
One Day Registrant (per day) PHARMACISTS ONLY		
<input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$785	<input type="checkbox"/> \$785
<input type="checkbox"/> Non-Exhibiting Representative	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295

*Price includes NCPA Membership.

2023 Pre-convention Program Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

PRE-CONVENTION REGISTRATION DEADLINE: September 29, 2023

Program	Early Bird Rates: June 15 to Aug. 15, 2023 Pre-convention Member Rate	Early Bird Rates: June 15 to Aug. 15, 2023 Pre-convention Nonmember Rate	Regular Rates: Aug. 16 to Sept. 29, 2023 Pre-convention Member Rate	Regular Rates: Aug. 16 to Sept. 29, 2023 Pre-convention Nonmember Rate
<input type="checkbox"/> Pharmacy Ownership Workshop — 10/12 - 10/13	<input type="checkbox"/> \$795	<input type="checkbox"/> \$1,095*	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,195*
<input type="checkbox"/> The Business of Long-Term Care Workshop — 10/12 - 10/13	<input type="checkbox"/> \$745 LTC Div. Member <input type="checkbox"/> \$895†	<input type="checkbox"/> \$1,195*†	<input type="checkbox"/> \$845 LTC Div. Member <input type="checkbox"/> \$995†	<input type="checkbox"/> \$1,295*†
<input type="checkbox"/> NEW: Pharmacy Inside-Out — 10/13	<input type="checkbox"/> \$295	<input type="checkbox"/> \$595*	<input type="checkbox"/> \$395	<input type="checkbox"/> \$695*
<input type="checkbox"/> Pharmacy-Based Point-of-Care Test & Treat National Certificate Program — 10/14	<input type="checkbox"/> \$195	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$495

*Price includes NCPA Membership.

†Price includes LTC Division Membership.

NEW EARLY BIRD RATES