



**REGISTRATION FORM**  
 Greater Columbus Convention Center  
 Columbus, Ohio  
 Oct. 26-29, 2024



**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**

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

**PHARMACISTS ONLY:** Do you own more than one pharmacy? If Yes, How Many? \_\_\_\_\_

**Are you attending Monday, Oct. 28 dinner/dance?**  Yes  No

Is this your first time attending convention?  Yes  No

**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 15, 2024 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 2024 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 2024 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 2024 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

**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



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## 2024 Annual Convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

PHARMACY TEAMS	EARLY BIRD June 5 - July 12 (BEST DEAL!)	REGULAR July 13 - Oct 29 (BEST DEAL!)	← TEAM RATES
<input type="checkbox"/> Pharmacy Teams Registration— <b>Members only</b> (Up to 4 Owner/Managers, Staff Pharmacists and Technicians/Support Staff from the <b>SAME PHARMACY LOCATION</b> )	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$2,800	
<input type="checkbox"/> One Additional Team Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$750	

CATEGORY	EARLY BIRD Starting June 5	ADVANCE Starting July 13	ONSITE Starting Oct. 26
<input type="checkbox"/> Owner/Manager/Pharmacist—Member	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,150
<input type="checkbox"/> Owner/Manager/Pharmacist—Nonmember*	<input type="checkbox"/> \$1,455	<input type="checkbox"/> \$1,555	<input type="checkbox"/> \$1,655
<input type="checkbox"/> Pharmacy Resident—Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640
<input type="checkbox"/> Pharmacy Resident—Nonmember	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690
<input type="checkbox"/> Pharmacy Technician/Support Staff—Member	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590
<input type="checkbox"/> Pharmacy Technician/Support Staff—Nonmember	<input type="checkbox"/> \$550	<input type="checkbox"/> \$610	<input type="checkbox"/> \$660
<input type="checkbox"/> Dean/Faculty Member <i>(Please complete registration form)</i>	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640	<input type="checkbox"/> \$690
<input type="checkbox"/> Student—Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315	<input type="checkbox"/> \$340
<input type="checkbox"/> Student—Nonmember <i>(includes one-year NCPA Student Membership)</i>	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
<input type="checkbox"/> Non-Pharmacist Spouse/Guest	<input type="checkbox"/> \$775	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875
<input type="checkbox"/> Non-Pharmacist Professional—Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$800	<input type="checkbox"/> \$850
<input type="checkbox"/> Non-Pharmacist Professional—Nonmember	<input type="checkbox"/> \$820	<input type="checkbox"/> \$870	<input type="checkbox"/> \$920
<b>One Day Registrant (per day) PHARMACISTS ONLY</b>			
<input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$735	<input type="checkbox"/> \$785	<input type="checkbox"/> \$785
<input type="checkbox"/> Non-Exhibiting Representative	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295

## 2024 Pre-convention Program Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

PRE-CONVENTION REGISTRATION DEADLINE: October 11, 2024

Program	Early Bird Rates: June 5 to Aug. 15, 2024 Member Rate	Early Bird Rates: June 5 to Aug. 15, 2024 Nonmember Rate	Regular Rates: Aug. 16 to Oct. 24, 2024 Member Rate	Regular Rates: Aug. 16 to Oct. 24, 2024 Nonmember Rate
<input type="checkbox"/> Pharmacy Ownership Workshop — 10/24 - 10/25	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1,195*	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,295*
<input type="checkbox"/> The Business of Long-Term Care Workshop — 10/24 - 10/25	<input type="checkbox"/> \$895 LTC Div. Member <input type="checkbox"/> \$1,130 <sup>†</sup>	<input type="checkbox"/> \$1,430* <sup>†</sup>	<input type="checkbox"/> \$995 LTC Div. Member <input type="checkbox"/> \$1,230 <sup>†</sup>	<input type="checkbox"/> \$1,530* <sup>†</sup>
<input type="checkbox"/> Cracking the Leadership & Culture Code — 10/25	<input type="checkbox"/> \$545	<input type="checkbox"/> \$845*	<input type="checkbox"/> \$645	<input type="checkbox"/> \$945*
<input type="checkbox"/> Opportunities in Expanding Diabetes Care Services — 10/25	<input type="checkbox"/> \$495	<input type="checkbox"/> \$795*	<input type="checkbox"/> \$595	<input type="checkbox"/> \$895*

\*Price includes NCPA Membership.

<sup>†</sup>Price includes LTC Division Membership.

*Cancellations must be submitted in writing and received by October 11, 2024, and are subject to a \$125 cancellation fee for each cancelled registration. Cancellations should be sent via email to [Kathy.doucette@ncpa.org](mailto:Kathy.doucette@ncpa.org). Cancellations after this date or "no show" registrants will be responsible for the full registration fee.*