

# REGISTRATION FORM

## 21<sup>st</sup> Annual Meeting & Showcase

**ACADEMY OF MANAGED CARE PHARMACY** ■  
**GAYLORD PALMS HOTEL & CONVENTION CENTER** ■  
**APRIL 15–18, 2009** ■  
**ORLANDO, FL** ■

### REGISTER BY MARCH 13, 2009 TO RECEIVE EARLY BIRD FEES.

Full registration fees must accompany this form for registration to be processed. Confirmations will be sent to all confirmed participants. If an email address is provided, confirmations will be sent via email. Questions? Call Experient at (847) 940-2107.

### ATTENDEE INFORMATION (required)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MY AMCP MEMBERSHIP NUMBER (IF APPLICABLE) \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

REGISTRANT'S TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

REGISTRANT'S EMAIL ADDRESS \_\_\_\_\_

ADMINISTRATIVE ASSISTANT'S EMAIL ADDRESS (OPTIONAL) \_\_\_\_\_

EMERGENCY CONTACT AND TELEPHONE NUMBER \_\_\_\_\_

### REGISTRATION FEES/CATEGORIES (please check the appropriate circle below)

	Pre-Registration (received on or before 3/13/09)		On-Site (received after 3/13/09)	
	Full	One Day*	Full	One Day*
<input type="radio"/> Health Care Practitioner Member (physicians/nurses)	\$420	\$190	\$525	\$295
<input type="radio"/> Pharmacist Member (licensed pharmacists)	\$420	\$190	\$525	\$295
<input type="radio"/> Associate Member (non-pharmacists/physicians/nurses)	\$630	\$295	\$730	\$390
<input type="radio"/> Government Employee (AMCP member)	\$345	\$195	\$450	\$300
<input type="radio"/> Government Employee (non-member pharmacists/physicians/nurses)**	\$585	\$435	\$690	\$540
<input type="radio"/> Government Employee (non-member non-pharmacists/physicians/nurses)**	\$785	\$635	\$890	\$740
<input type="radio"/> Non-Member	\$870	\$435	\$970	\$540
<input type="radio"/> Student Pharmacist Member	\$40	N/A	\$40	N/A
<input type="radio"/> Resident/Fellow/Graduate Member	\$80	N/A	\$80	N/A
<input type="radio"/> Student Pharmacist Non-Member	\$60	N/A	\$60	N/A
<input type="radio"/> Press	N/A	N/A	N/A	N/A

\*If registering for one day, please indicate which day you will be attending:  Wednesday  Thursday  Friday

\*\*Registration provides a one-year AMCP membership (Government Employees only).

### METHOD OF PAYMENT

- Check made payable to Experient/AMCP for \$ \_\_\_\_\_ (in U.S. funds drawn on a U.S. bank)
- Charge my credit card  Visa  MasterCard  American Express  Discover

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE (MONTH/YEAR) \_\_\_\_\_

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

### DEMOGRAPHIC INFORMATION (required)

Please tell us:

I. What degrees/designations do you hold?

- 1A  B.S. Pharmacy  1F  Pharm.D.  
 1B  M.P.A.  1G  M.P.H.  
 1C  Ph.D.  1H  J.D.  
 1D  M.B.A.  1I  R.Ph.  
 1E  M.D.  1J  R.N.  
 1L  Other (specify) \_\_\_\_\_  1K  D.O.

II. Which of the following best describes your employer? (check one)

- 2A  Association  2N  Other  
 2B  Claims Processor  2O  Medical Education  
 2C  College/University  2P  Med/Physician Group  
 2D  Community Service Provider  2Q  Not Employed/Retired  
 2E  Consulting Firm  2R  PBM/PBM Mail Service  
 2F  Government/Military  2S  Pharm Management/  
 2G  HMO/PPO/Health Plan/IHS  PSAC  
 2H  Home Care  2T  Pharmaceutical  
 2I  Hospital  Manufacturer  
 2J  Information Management  2U  Press  
 2K  Legal/Advertising/  
 Professional Services  2V  Retail Pharmacy  
 2L  Long-term Care  2W  Spec Pharmacy  
 2M  Mail Service Only  2X  Wholesale/  
 Distribution/GPO

III. Which of the following best describes your job function(s)? (check one)

- 3A  Asst Pharm Director/  
 Senior Pharm Management  3P  Other  
 3B  Clinical Coord/Operations  3R  Nurse  
 3C  Contracting/Purchasing  3S  Outcomes Research/  
 Clinical Science  
 3D  Consultant  3T  Pharm Director  
 3E  Customer Service  3U  Pharm Manager  
 3F  Distrib/Supply Chain  3V  Physician  
 3G  Editorial  3W  President/CEO  
 3H  Financial Management  3X  Prof/Trade Relations  
 3I  Formulary Management  3Y  School/College Faculty  
 3J  Legal/Govt Affairs  3Z  Staff/Clinical  
 3K  Marketing/Sales  Pharmacist  
 3L  Medical Affairs  3AA  Student/Resident/  
 Fellow  
 3M  Medical Director/CMO  3BB  Senior Management/  
 VP/COO  
 3N  Med-Pharm Info  
 Management/Education  
 3O  Network Management

IV. Are you a pharmacist?

- 4A  Yes

V. Are you a student?

- 5A  Yes

VI. Are you a government/military employee?

- 6A  Yes

VII. Your reason for attending AMCP's national meetings? (please choose all that apply)

- 7A  Obtain Continuing Education Credits  
 7B  Enhance Knowledge and Skills  
 7C  Opportunity for Networking  
 7D  Develop Personal and Leadership Skills

VIII. Is this your first AMCP meeting?  8A  Yes

Submission of this form indicates your acceptance of the following registration terms: Cancellation of participant registration must be requested in writing and must be received on/before Friday, March 20, 2009. A \$150 administrative fee will be assessed on all cancellations. No cancellation/refund requests will be granted after 5:00 pm CT, Friday, March 20, 2009. Registrant substitutions will be accepted with written notification from the original registrant. An administrative fee of \$30 (other fees may apply) will be assessed. Only one substitution per registrant is allowed. No registration transfers to other AMCP national meetings. Note: A valid photo ID must be presented during registration check-in to obtain your badge and meeting materials. For government registrants, this should be a government-issued employee ID; for student registrants, this should be a school-issued student ID.