

# REGISTRATION FORM

ACADEMY OF MANAGED CARE PHARMACY ■ APRIL 7-10, 2010  
SAN DIEGO CONVENTION CENTER ■ SAN DIEGO, CA

# destination SAN DIEGO 22<sup>nd</sup> Annual Meeting & Showcase

## REGISTER BY MARCH 5, 2010 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 (800) 974-3084 or (847) 996-5876.

### 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)

 **JOIN AMCP TODAY AND TAKE ADVANTAGE OF MEMBER REGISTRATION RATES!**  
Visit [www.amcp.org](http://www.amcp.org) to join.

	Pre-Registration (rec'd on or before 3/5/10)		On-Site (rec'd after 3/5/10)	
	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:  Wed  Thurs  Fri

\*\* 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 3Q  Not Empl/Retired  
3C  Contracting/Purchasing 3R  Nurse  
3D  Consultant 3S  Outcomes Research/  
Clinical Science  
3E  Customer Service 3T  Pharm Director  
3F  Distrib/Supply Chain 3U  Pharm Manager  
3G  Editorial 3V  Physician  
3H  Financial Management 3W  President/CEO  
3I  Formulary Management 3X  Prof/Trade Relations  
3J  Legal/Govt Affairs 3Y  School/College Faculty  
3K  Marketing/Sales 3Z  Staff/Clinical  
Pharmacist  
3L  Medical Affairs  
3M  Medical Director/CMO 3AA  Student/Resident/  
Fellow  
3N  Med-Pharm Info  
Management/Education 3BB  Senior Management/  
VP/COO  
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 5, 2010. A \$150 administrative fee will be assessed on all cancellations. No cancellation/refund requests will be granted after 5:00 pm CST, Friday, March 5, 2010. 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.