

ANNUAL CONFERENCE REGISTRATION FORM

NCPDP 2012

35th Annual Technology & Business Conference

May 6-10, 2012 Phoenix, Arizona

Mr. Ms. Dr. R.Ph. J.D. M.D. MBA Pharm.D. Other _____

Name _____ Nickname _____

Company _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

CHECK THE OPTIONS THAT APPLY TO YOU: This will be my first time attending this conference I will require Continuing Education Credits

REGISTRATION FEES *Please check all that apply*

Member Fee

- Early Bird Registration (on or before 3/5/2012) \$925
 Regular Registration (after 3/5/2012) \$1050

Non-Member Fee (Registration must be accompanied by member application)

- Early Bird Registration (on or before 3/5/2012) \$1575*
 Regular Registration (after 3/5/2012) \$1700*

*includes 2012 member dues of \$650

Spouse Fee

- Registration \$400
 Social Pass (Theme Party & Thursday morning breakfast only) \$100
 Spouse Name _____

Total Amount Enclosed: \$ _____

It is understood that any photos, video, and/or audio of a registered attendee of the NCPDP 2012 Annual Technology & Business Conference is property of NCPDP and may be used for marketing and/or promotional materials.

Please check the following events you plan on attending:

- ____ General Business Session
____ Wine and Cheese Reception in Exhibit Hall (Mon)
____ Happy Hour Reception in Exhibit Hall (Tues)
____ Theme Party (Wed)
____ Breakfast with Speaker (Thurs)

Registration will not be processed without payment in full. All fees are payable in U.S. funds drawn on U.S. banks.

Payment Enclosed (make check payable to NCPDP) VISA MASTERCARD AMERICAN EXPRESS

Name (as it appears on card) _____

Card No _____ Exp _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Signature _____ Date _____



Office Use Only

1.	_____
2.	_____
3.	_____
4.	_____

RETURN COMPLETED FORM TO: NCPDP 9240 E Raintree Dr, Scottsdale, AZ. 85260

Phone: (480) 477-1000 ♦ Fax: (480) 222-7555 ♦ www.ncdp.org

NCPDP MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Dr. R.Ph. J.D. M.D. MBA Pharm.D. other _____
 Name _____ Nickname _____
 Company _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Have you ever been a member of NCPDP before? No Yes When: _____

Were you referred by another NCPDP Member? No Yes Name: _____

PROFESSIONAL LEVEL (please check one)

- CEO/COO/CFO/Partner CIO President Vice President Other Senior Management
 Director/Department Head Senior Staff/Manager Staff Academic Practicing Pharmacist

JOB FUNCTION (please check one)

- Operations Project Management Research/Development Sales/Marketing Purchasing/Contract Management
 Regulatory/Compliance Technical Services Information Systems Maintenance/Support

REASON FOR JOINING NCPDP (please rank top five choices in order of importance 1 = most important 5 = least important)

- _____ company recognition in industry _____ annual conference attendance _____ work group participation/standards influence
 _____ membership directory acquisition _____ educational forum attendance _____ networking opportunities
 _____ personal/career advancement _____ standards documentation acquisition _____ other _____

VOTING/MEMBERSHIP CATEGORY (check one category box under the appropriate voting category)

Producer/Provider (Pink Badge)

- Chain Pharmacy
 Consulting Pharmacist
 Franchise Pharmacist
 Long Term Care Pharmacist
 Home Infusion Pharmacists
 Independent Pharmacy
 Mail Service Pharmacy
 On-Line Pharmacy
 Hospital Pharmacy
 Pharmaceutical Manufacturer
 Hospitals
 Long Term Care Providers
 Long Term Care Provider Pharmacies
 Home Infusion Pharmacies
 Hospice Providers
 Other _____

Payer/Processor (Green Badge)

- Blue Cross Blue Shield Organization
 Federal/State Agency
 Health Insurer
 Health Maintenance Organization
 Pharmacy Benefit Management Organization
 Prescription Service Organization
 Other _____

Vendor/General Interest (Yellow Badge)

- Academia
 Clinical Program
 Consultant
 Long Term Care Industry Consultant
 Database Management Organization
 Information/Material Distributor
 Mail List House
 Physician Services Organization
 Professional/Trade Association
 Telecommunication & System Vendor
 Wholesale Drug Distributor
 Other _____

The membership term is based on the anniversary year of the member. The annual fee is \$650 (subject to change) per membership, renewable each year and payable by check or credit card. Membership is on an individual basis. If a company desires more than one employee to become a member, it is required to pay an additional \$650 membership fee for each person. There are no refunds for membership cancellations.

PAYMENT INFORMATION (All fees are payable in U.S. funds drawn on U.S. banks.)

Payment Enclosed (make check payable to NCPDP) VISA MASTERCARD AMERICAN EXPRESS AMOUNT \$ **650**
 Name (as it appears on card) _____
 Card No _____ Exp _____
 Billing Address _____
 City _____ State _____ Zip _____ Phone _____
 Signature _____ Date _____



RETURN TO:
 National Council for Prescription Drug Programs, Inc.
 9240 E. Raintree Drive
 Scottsdale, Arizona 85260
 (480) 477-1000 (480) 222-7555 fax

