



2010 Pennsylvania Pharmacists Association Annual Conference

MISSION TO MARS: 10:01:10
September 30– October 3, 2010



Registration Form

Please mail this registration form to the PPA office at 508 North Third Street, Harrisburg, PA 17101,
fax to 717-236-1618 (credit cards only), or register online at www.papharmacists.com/meetings_annual.htm.
If you have any questions regarding registration, please contact Jennifer Rogers at 717-234-6151 x104.

Step 1: Registrant Information

First & Last Name: _____ Nickname for Name Badge: _____

Home Street Address: _____

Home City/State/Zip: _____

Place of Employment: _____ Title: _____

Email: _____ Fax: _____ Phone: _____

Work or Home

Work or Home

Work or Home

Space Crew Member Contest:

Check here if this is your first PPA Annual Conference:

A PPA member recruited me to come to the conference – their name is: _____

Step 2: Registration Package Please select one of the registration options below:

**New practitioner/resident rates apply to anyone who graduated on or after 2005 or who is currently on an accredited PGY01 or PGY02 residency program.*

Full Registration includes meetings, continuing education programs, resource materials, all breaks, and all meal functions.

PPA Member: \$258.00 Pharmacist/Associate \$208 New Practitioner/Resident \$178 Technician \$59 Student

Non-Member: \$358.00 Pharmacist/Associate \$308 New Practitioner/Resident \$278 Technician \$74 Student

Friday OR Saturday Only Registration includes Friday CE Sessions, Friday meals, and Friday meetings OR includes Saturday CE Sessions, Saturday breakfast, lunch, and meetings – does **NOT** include Saturday Awards & Leadership Dinner.

Friday Only Saturday Only without dinner Friday and Saturday Only without Saturday dinner (price x 2)

PPA Member: \$94 Pharmacist/Associate \$79 New Practitioner/Resident \$54 Technician \$54 Student

Non-Member: \$109 Pharmacist/Associate \$99 New Practitioner/Resident \$74 Technician \$74 Student

Saturday Only + Saturday Awards & Leadership Dinner Registration

PPA Member: \$159 Pharmacist/Associate \$144 New Practitioner/Resident \$119 Technician \$79 Student

Non-Member: \$189 Pharmacist/Associate \$174 New Practitioner/Resident \$159 Technician \$84 Student

Sunday Only Registration includes Sunday breakfast and Sunday CE Sessions.

PPA Member: \$50 Pharmacist/Associate \$30 New Practitioner/Resident \$30 Technician Free Student

Non-Member: \$70 Pharmacist/Associate \$50 New Practitioner/Resident \$50 Technician \$55 Student

Please check which meals (included in the registration package you selected), you plan to attend. This helps us provide accurate counts.

Thursday Dessert Reception Friday Lunch Friday Reception

Saturday Breakfast Saturday Lunch Saturday Reception & Dinner Sunday Breakfast

Check here if you have special food requirements or special needs. Indicate here: _____

CE Only Pricing

CE Sessions may be purchased individually. Individual CE prices do not include any meals. Be sure to indicate total # of sessions purchased and which ones you will be attending on the reverse side of the form.

\$20/CE for PPA Members (1 to 2 Hours) Qty. _____ \$35/CE for Non-Members (1 to 2 Hours) Qty. _____

Student Bus: (students only) – We will need to have enough students interested in the bus to run it. If we do not get enough interest, PPA will refund you the \$15.00.

I am interested in taking a bus from Philadelphia to Pittsburgh and back from the conference/I have enclosed a \$15.00 check.

Step 3: Special Events

The following events must be purchased separately and are not included in the fees on the other side of the page. (Registration for the following events is based on a first-come, first-served basis.)

1. Golf Tournament – Friday Morning and Early Afternoon

_____ person (s) at \$150.00 each = _____ (includes golf, cart, and lunch)

Contact me. Our company is interested in golf tee sponsorship.

Please match me up with

1) _____ 3) _____

2) _____ 4) _____

_____ I do not have a foursome. Please match me up with a group.

2. CE: Adult CPR : Thursday

_____ person (s) at \$62/Member = _____

_____ person (s) at \$82/Non-member = _____

3. CE: Pharmacist-Delivered Patient Care: Patient Care Skills and Practice Development – Thursday Afternoon

Pre-requisite & pre-registration is required. Seating is limited to 30. _____ person (s) at \$25.00 each = _____

Pre-requisite: www.papharmacistcare.com

Step 4: Continuing Education Attendance

Please check off the continuing education programs (or space missions) you plan to attend.

Thursday: ECELS Medication Administration in Early Education and Child Care Settings

Friday: A Multidisciplinary Review of Adult Immunizations

A Review of Insulin and Insulin Injecting Devices

New Drug Update 2010

Saturday: Advancing Pharmacy Practice through Performance Measurement

Medications During Pregnancy

An Update on Atypical Antipsychotics

Grant Writing for Pharmacy Practice 101 (morning & afternoon)

How to Survive a DEA Audit or FIND=FINE

Etiology, Diagnosis, and Treatment of Hyperthyroidism

Improving Patient Outcomes from the Acute Care Setting to Home

Sunday: Leadership, Management, and Emotional Intelligence

Pharmacist Integration into the Medical Home

Managing Pain in Oncology Patients



Step 5: Individual Event Tickets/Spouse & Guest Registration

Guests of registered attendees may either register for the full conference at the price below or purchase tickets for the individual events that a guest or spouse wishes to attend. Pharmacists may also purchase tickets for any event at the price below but are not eligible for the Guest/Spouse package. Purchasing event tickets only provides attendance for the indicated event.

Guest/Spouse Package \$229.00 Individual tickets to all of the following separate events only. Does NOT include conference gift, golf, or CE activities. Spouse/Guest Full Name: _____ Additional guest(s): _____

-OR- Individual Event Tickets:

_____ Thursday Dessert Reception \$15.00

_____ Saturday Lunch in Exhibit Hall \$30.00

_____ Friday Lunch \$30.00

_____ Saturday Reception & Dinner \$70.00

_____ Friday Reception in Exhibit Hall \$58.00

_____ Saturday Dinner (Child): \$20.00

_____ Saturday Breakfast \$20.00

_____ Sunday Breakfast: \$20.00

Step 6: Payment

Make sure you have completed Steps 1-5 before filling out this section.

Total Amount Due: _____

I have enclosed a check. The number is _____. (Make check payable to PPA.)

I am charging this amount to my credit card. MasterCard or Visa Only. Card # _____

Credit Card Exp. Date: _____ CVV (3 digit # on back of card) : _____ Signature: _____

(Required for all charges.)