

2009 Registration Form

1 Participant Information

Last Name _____
 First Name _____
 Badge Name _____
 License # _____
 Address _____
 City, State, Zip _____
 Business Name _____
 Phone _____ Fax _____
 E-mail _____
 Check those that apply: First time attending APA Annual Convention
 New Practitioner Delegate for House of Delegates

2 Full Package Registration

Each paid registration includes one ticket for all meals and events.
Please mark the fees being paid:

APA Member (Pharmacist, Associate)
 Early-Bird Rate (Through May 22, 2009) \$285
 On-Site and After May 22, 2009..... \$360

APA Member (Student and Pharmacy Technician)
 Early-Bird Rate (Through May 22, 2009) \$145
 On-Site and After May 22, 2009..... \$185

APA Non-Member
 Early-Bird Rate (Through May 22, 2009) \$375
 On-Site and After May 22, 2009..... \$445

Guest/Spouse (Non-Pharmacist, No CE credit)
 Early-Bird Rate (Before May 22, 2009)..... \$175
 On-Site and After May 22, 2009..... \$195

Guest Name _____
 Each FULL registration includes one APA 128th Annual Convention t-shirt. Please indicate size(s) and quantity needed below:
 S M L XL 2XL 3XL _____
 Additional t-shirts Qty. _____ Size(s) _____ @\$10.00 each _____

3 Daily Registration

Each paid registration includes one ticket for all meals and events for the day.

Please mark the fee(s) being paid.

APA Member (Pharmacist, Associate)
 Early-Bird Rate (Through May 22, 2009) \$145
 On-Site and After May 22, 2009..... \$175

APA Member (Student and Pharmacy Technician)
 Early-Bird Rate (Through May 22, 2009) \$75
 On-Site and After May 22, 2009..... \$95

APA Non-Member
 Early-Bird Rate (Through May 22, 2009) \$185
 On-Site and After May 22, 2009..... \$210

Please select the day(s) you will attend:
 Sunday Monday Tuesday Wednesday

4 Pre-Convention Workshop

APA Member (Pharmacist, Associate)
 Early-Bird Rate (Before May 22, 2009)..... \$150
 On-Site and After May 22, 2009..... \$190

APA Non-Member
 Early-Bird Rate (Before May 22, 2009)..... \$225
 On-Site and After May 22, 2009..... \$275

5 Meals & Events

Help us plan our meals/events. Please indicate below which functions you will attend. This will help us to more effectively plan our special events. Full Registration provides one ticket to each of the events listed below. Daily registrations include the meals and events for that particular day. **If no boxes are selected, we will assume you will not be attending any of the events listed below.** Please see box 6 below for additional tickets.

Sunday	Qty.
<input type="checkbox"/> Pharmacy Technician Social (technicians only)	_____
<input type="checkbox"/> PAC/Opening Reception	_____
<input type="checkbox"/> Presidents' Reception	_____
Monday	
<input type="checkbox"/> Breakfast	_____
<input type="checkbox"/> Trade Show Grand Opening & Silent Auction	_____
Tuesday	
<input type="checkbox"/> Auburn University Breakfast (alumni only)	_____
<input type="checkbox"/> Samford University Breakfast (alumni only)	_____
<input type="checkbox"/> Medicaid Lunch	_____
<input type="checkbox"/> Gulf Breeze Bash	_____
Wednesday	
<input type="checkbox"/> Pharmacy Family Breakfast	_____

6 Additional Tickets and Special Events

Additional Tickets and Special Events	\$	Qty.
<input type="checkbox"/> PAC/Opening Reception.....	\$25	_____
<input type="checkbox"/> Monday Morning Breakfast.....	\$25	_____
<input type="checkbox"/> Medicaid Lunch.....	\$30	_____
<input type="checkbox"/> Gulf Breeze Bash.....	Adults: \$45	_____
<input type="checkbox"/> Gulf Breeze Bash.....	Children 12 and under: \$15	_____
<input type="checkbox"/> Family Breakfast.....	Adults: \$25	_____
<input type="checkbox"/> Family Breakfast.....	Children 12 and under: \$10	_____

7 Annual Golf Affair

Golf Team Assignments

If you want to team up with a particular foursome please list the names and we will make every effort to accommodate your request

Name _____
 Name _____
 Name _____
 Golf Affair Fee..... \$115 per player _____
 (Fee includes green fee, shared cart, range balls, and 1 drink ticket)
 Golf Affair Box Lunch..... \$10 _____

8 Contributions

Student Sponsorship..... Amount \$ _____

9 Payment

Total \$ _____

Check MasterCard Visa American Express Discover
 Card# _____

Expiration Date _____

Cardholder's Signature: _____

For credit card payments add a \$5 processing fee

In order to receive the early bird discount, a complete registration form along with full payment must be received by APA no later than 4 p.m. on May 22, 2009.

Mail to: Alabama Pharmacy Association, 1211 Carmichael Way, Montgomery, AL 36106 or Fax to: 334-271-5423