

2020 APA Mid-Winter Registration

Online registration available at WWW.APARX.ORG

1 Participant Information

Last Name _____
 First Name _____
 Badge Name _____
 License # _____ Mobile Phone _____
 Address _____
 City, State, Zip _____
 Business Name _____
 Phone _____ Fax _____
 E-mail _____
 NABP e-Profile # _____ MM/DD (Month/day of birth) _____

2 Full Registration

February 14-16, 2020 includes all CE, meals and breaks. Please mark the box next to your selection. Calculate the total amount due and complete the payment section.

	Early-Bird	After 2/3/20
APA Member Pharmacist	<input type="checkbox"/> \$275	<input type="checkbox"/> \$310
APA Non-Member Pharmacist	<input type="checkbox"/> \$390	<input type="checkbox"/> \$425
APA Member Resident	<input type="checkbox"/> \$195	<input type="checkbox"/> \$230
APA Member Pharmacy Technician	<input type="checkbox"/> \$115	<input type="checkbox"/> \$150
Guest/Spouse (no CE)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$130

Guest Name _____

3 Pharmacist Daily Registration

Includes all CE, meals and breaks for the day. **Please mark the fee(s) being paid.**
M denotes current APA Member; **NM** denotes Non-Member.

	Early-Bird	After 2/3/20
Friday M	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$150.00
Friday NM	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$195.00
Saturday M	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$205.00
Saturday NM	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$255.00
Sunday M	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$130.00
Sunday NM	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$160.00

4 Pharmacy Technician Daily Registration

Includes all CE, meals and breaks for the day. **Please mark the fee(s) being paid.**
M denotes current APA Member; **NM** denotes Non-Member.

	Early-Bird	After 2/3/20
Friday M	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$60.00
Friday NM	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$80.00
Saturday-Lunch M	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$75.00
Saturday-Lunch NM	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$95.00
Sunday M	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$60.00
Sunday NM	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$80.00

5 Student Registration

APA Student Members: Rate of \$20 per day.

Please mark the days you plan to attend:

Friday Saturday Sunday

6 Additional Tickets and 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.

	Qty.
<input type="checkbox"/> Welcome Reception.....	\$35 _____
<input type="checkbox"/> Saturday Buffet Breakfast.....	\$28 _____
<input type="checkbox"/> Saturday Legislative Lunch.....	\$35 _____
<input type="checkbox"/> Sunday Buffet Breakfast.....	\$28 _____

7 Meals and 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 above for additional tickets.

	Qty.
<input type="checkbox"/> Welcome Reception.....	_____
<input type="checkbox"/> Saturday Buffet Breakfast.....	_____
<input type="checkbox"/> Saturday Legislative Lunch.....	_____
<input type="checkbox"/> Sunday Buffet Breakfast.....	_____

8 Payment

1. Registration	\$ _____
2. Individual/Additional Tickets	\$ _____
Total	\$ _____

Check Master Card Visa American Express Discover

Card# _____

Expiration Date _____ Card Security Code (CSC) _____

Cardholder's Signature: _____

Name on card if different from above: _____

Billing Address if different from above: _____

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 Feb. 3, 2020.

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

