



2019 Leadership Summit and House of Delegates Meeting

Attendee Form

This form can also be completed at: www.mpha.org

June 12, 2019 | 8:00 a.m. to 5:30 p.m. | Midland Hills Country Club

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 Email: _____
 Board License Number: _____

Please Select One: *For any accessibility and/or special dietary requirements contact siril@mpha.org*

- I am a Pharmacist I am a Technician I am a Student Other

I am a:

- Current MPhA Board Member
- Past MPhA President
- House Leadership
- Past Speaker
- District Delegate
- Academy Delegate
- Member of Groups
- Other

District:

- Central Minnesota
- East Metro
- West Metro
- North East Minnesota
- North West Minnesota
- South East Minnesota
- South West Minnesota

Academies:

- Academic
- Chain Management
- Chain Pharmacy
- College Faculty
- Community Pharmacy

- Hospital
- Independent
- Industry
- Long Term Care
- Managed Care
- Medication Therapy Management
- Technician

Group:

- Duluth Area Pharmacists (DAP) Grand Rapids Area Pharmacists (GRAPh) SE Minnesota Pharmacists
 MPhA member MPhA Non-member NA

I would like to represent this group/district and/or academy: _____

College of Pharmacy Graduated From: _____

While MPhA strives to include you as a delegate to your preferred district, academy or group, we reserve the right to assign delegates as needed for full representation.

FULL DAY

- Member:\$55 (\$70 after May 29)
 Nonmember\$65 (\$80 after May 29)
 Student\$25 (\$30 after May 29)

Grand Total: \$ _____

PAYMENT

- Check Visa Mastercard Discover American Express

*If paying by credit card, all fields below are required. **Note:** Full payment must accompany order to reserve your space.*

Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder Name (Print): _____

Billing Address (if different than above): _____

City/State/Zip: _____

Cardholder Signature: _____

Due to PCI Compliance, please do NOT provide any credit card information via email. Call or fax it in only.

Mail registration and payment to:

Minnesota Pharmacists Association | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
ph. 651-697-1771 | fax 651.290.2266

MN BOP The Minnesota Pharmacists Association is accredited by the Minnesota Board of Pharmacy as a provider of continuing pharmacy education. This activity is approved for 3.75 credit hour (s).

To receive Board of Pharmacy credits for this program the following must be completed:

1. Full participation/completion of the live program
2. Completion of survey post event acknowledging participation.

Board of Pharmacy credit processing takes place on the 15th of each month.

Questions? Please contact siril@mpha.org with questions about credits.

Consent to Use of Photographic Images

Registration and attendance at, or participation in, MPhA meetings and other activities constitutes an agreement by the registrant to MPhA's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs,

videotapes, electronic reproductions and audiotapes of such events and activities.

Cancellations/No Shows: All cancellations received by May 29, 2019 will receive a full refund minus a \$25 administrative fee. Cancellations received after May 29, 2019 will not receive a refund. No refunds will be given to those registered who do not attend the meeting. Those registered who have not prepaid will be invoiced for the full registration amount.

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(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	