



**April 22-25, 2010**

**Grand International** *www.internationalinn.com*

1505 North Broadway, Minot, ND 58703-0777

To Reserve a room Call: 701-852-3161 or 800-735-4493

**Name:** \_\_\_\_\_

**Mailing Address:**      **City**                      **St**                      **Zipcode**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Spouse/Guest**

Registration Fees:  
**Entire Convention:**

<b>POSTMARKED</b>	<b>Before April 7</b>	<b>After April 7</b>
Pharmacist	\$150	\$200
Member Technician	\$70	\$100
Non Member Pharmacist	\$300	\$350
Non Member Technician	\$140	\$200
Student (Pharmacist/Technician)	\$50	\$75
Student Sponsor	\$50	
Spouse/Guest	\$70	

**Single Day: (circle day)    Friday    Saturday    Sunday**

<b>POSTMARKED</b>	<b>Before April 7</b>	<b>After April 7</b>
Member Pharmacist	\$85	\$100
Member Technician	\$35	\$40
Non Member Pharmacist	\$150	\$200
Non Member Technician	\$75	\$100
Spouse/Guest	\$35	

**Registration Total** \_\_\_\_\_

**Make Checks Payable to:**  
 NDPhA 2010 Annual Convention

**Mail Completed Forms and Payment to:**  
 NDPhA  
 1641 Capitol Way  
 Bismarck ND 58501-2195

**PLEASE MAKE YOUR MEAL SELECTIONS**

**Banquets:**

**Friday:**            Stuffed Pork Chop            Walleye

**Saturday:**        Prime Rib                        Shrimp

**Saturday Luncheon: (select one)**

**NAPT                  NDPhA                  NDSHP**

(If registering for more than one person, note selections here: \_\_\_\_\_)

**Or Fax Credit Card Payment to: 701-258-9312**

**Type of Card (Circle One)      Visa      Mastercard**

**Credit Card Number**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Expiration Date**

**Zipcode on Billing Address**

**CVV (3 digit # on Back of card)**

**Signature:** \_\_\_\_\_