



North Dakota Annual Pharmacy Convention Registration Form

(One person per form, photocopy as needed)

Friday-Saturday April 16-17th, 2021 - Convention will be held VIRTUALLY

Name: _____ Guest/Spouse Name: _____

Mailing Address: _____ City/State _____ Zip Code: _____

Phone: _____ Email Address: _____

CONVENTION REGISTRATION

	Member (Early Bird)	Member (After April 15th)	Non Member
Pharmacist	\$100	\$125	\$250
Technician	\$50	\$60	\$75
Student	FREE	FREE	FREE

TOTAL FOR THE WHOLE CONVENTION: _____

Type of Card Visa Mastercard American Express

Credit Card Number: _____ Expiration Date: _____ CVV (3 Digit Code) _____

Name on Card: _____ Billing Address, City, State, Zip Code _____

Signature: _____ Date: _____

Mail Completed forms and parment to NDPhA, 1641 Capitol Way, Bismarck, ND 58501
or register Online at www.nodakpharmacy.net, select Convention Tab and click on Online Convention Registration