

# 2024 NORTH DAKOTA PHARMACY CONVENTION REGISTRATION FORM

NAME \_\_\_\_\_ GUEST/SPOUSE NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## PHARMACIST REGISTRATION    TECHNICIAN REGISTRATION

### Early Registration Pricing (Jan 1- Mar 15):

- Member - Full Convention: \$300
- Member Single Day: \$200
- Non- Member Full Convention: \$450
- Non- Member Single Day: \$350

### Non-Early Registration Pricing:

- Member Full Convention: \$375
- Member Single Day: \$250
- Non- Member Full Convention: \$525
- Non- Member Single Day: \$400

### Early Registration Pricing (Jan 1- Mar 15)

- Member: \$125
- Member Single Day: \$75
- Non- Member: \$200
- Non-Member Single Day: \$150

### Non-Early Registration Pricing:

- Member: \$150
- Member Single Day: \$90
- Non- Member: \$250
- Non- Member Single Day: \$200

Opt - In for the poverty simulation Friday April 19?     YES     NO

Will you be attending the welcome reception on Thursday April 18?     YES     NO

Sponsor a pharmacy student (+ \$50)     YES     NO

Meals - Please mark meals you will be attending and additional Guest Meals to be included							
Included in Registration	Breakfast	Lunch	Banquet	Guest Meals	Breakfast (\$15 Each)	Lunch (\$20 Each)	Banquet (\$40)
Friday				Friday			
Saturday				Saturday			

Please note any special meal considerations or accommodations, call 701-258-4968

<b>REGISTRATION TOTAL</b>	
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**Please note any meal accomodations below:**     None

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CVV (3 DIGIT CODE) \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ BILLING ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_