



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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This is my first time attending conference

I require Continuing Education Credits

**Registration Fees**

- Member \$1,250
- Non-Member\* \$2,000
- NCPDP Foundation Pour\*\* \$100
- Conference Registration for Spouse \$400  
Name of Spouse \_\_\_\_\_
- Closing Networking Event Only Pass for Spouse \$100  
Name of Spouse \_\_\_\_\_

\*Includes 2018 member dues of \$750. Please complete the NCPDP Membership Application on the next page.

\*\* The NCPDP Foundation is a 501(c)(3) nonprofit charitable organization established in 2012 to support research, education, and charitable involvement within the healthcare industry. NCPDP Foundation donations are tax deductible to the extent provided by law.

**Check which of the following event you plan to attend**

- Annual Meeting of the Membership (Monday)
- Awards & Recognition Luncheon (Tuesday)\*
- Opening Reception in Solutions Marketplace (Monday)\*
- Breakfast with IMS Trends Report (Wednesday)\*
- Fun Run/Walk for the NCPDP Foundation (Tuesday)
- Luncheon with Keynote (Wednesday)\*
- Welcome with Lee Ann Stember and Panel (Tuesday)\*
- Closing Networking Event (Wednesday)\*

\*For ADA requests (accessibility, lodging, dietary), please contact Kim Dixon-Williams, CMP at 480-477-1000, ext. 113 or [kdwilliams@ncpdp.org](mailto:kdwilliams@ncpdp.org). Requests should be made at least two weeks prior to the meeting date.

**Payment (all fees are payable in U.S. funds drawn on U.S. banks)**

Total Amount: \_\_\_\_\_

- Credit Card (Visa, MC, or AMEX)
- Check (payable to NCPDP)
- Send invoice
- ACH\*

Name (as it appears on card): \_\_\_\_\_

Debit/Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Visa and MC: CVV is the last 3-digits on the signature area of your debit/credit card. AMEX: CVV is the 4-digit number above the embossed name on the front of the card.

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email completed form to: [bgoerlich@ncpdp.org](mailto:bgoerlich@ncpdp.org) Return by fax: 480-222-7555  
Return by mail: NCPDP, Conference Registration, 9240 E. Raintree Drive, Scottsdale, AZ 85260

**It is understood that any photos, video, and/or audio of a registered attendee of the NCPDP 2018 Annual Technology & Business Conference is property of NCPDP and may be used for marketing and/or promotional materials.**

# NCPDP MEMBERSHIP APPLICATION

Mr.  Mrs.  Ms.  Dr.  R.Ph.  J.D.  M.D.  MBA  Pharm.D.  Other \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and agreed to the NCPDP Code of Conduct – <http://www.ncdp.org/Policies.aspx>

Have you ever been a member of NCPDP before?  YES  NO When: \_\_\_\_\_

Were you referred by another NCPDP Member?  YES  NO Name: \_\_\_\_\_

## CLASSES OF MEMBERSHIP (check one category box under the appropriate voting class)

### Producer/Provider

Pink Badge

- Academic Health Center
- Clinical/MTM/Formulary Mgmt Org
- Compounding Pharmacy
- Consultant Pharmacist Services
- Consulting to Producer/Provider
- Hospice Pharmacy
- Hospital Pharmacy
- Inpatient Care Center
- Long Term Care Pharmacy
- Mail Service Pharmacy
- Medical Equipment/Supplies
- Outpatient Care Center
- Pharmaceutical Manufacturer
- Pharmacy Services Admin Org (PSAO)
- Physician Dispensing Entity
- Physician Services Organization
- Prescription Consulting Entity
- Retail Pharmacy
- Specialty/Home Infusion Pharmacy
- Other \_\_\_\_\_

### Payer/Processor

Green Badge

- Accountable Care Organization (ACO)
- Consulting to Payer/Processor
- Federal/State Agency
- Fiscal Agent/Intermediary
- Health Insurer
- Health Maintenance Organization
- Health Plan Sponsor
- Managed Care Organization
- Medication Therapy Mgmt Admin
- Pharmacy Benefit Mgmt/Admin Company
- Transaction Processor (Rebates/Coupons)
- Worker's Comp Organization
- Other \_\_\_\_\_

### Vendor/General Interest

Yellow Badge

- Academia/Research Foundation
- Automation/Robotics
- Clearinghouse
- Clinical Programs
- Consulting – General
- Data Mgmt Vendor or Integrator
- Distribution/Packaging
- Drug Information Resource Company
- EHR/PHR Vendor
- Equipment/Product Supplier
- Federal/State Agency (non-payer)
- Health Info Exchange/HIE/Intermediary
- Informatics/Data Analysis
- Law Firm/Legal Services
- Marketing/Educational Services
- Network/Contract Management
- Professional Services
- Professional Trade Association
- Software Vendor/Certifier
- System Vendor
- Wholesale Drug Distr/Repackager
- Other \_\_\_\_\_

## PROFESSIONAL LEVEL

- CEO/CIO/COO/CFO/Partner
- President
- Vice President
- Other Senior Management
- Director/Department Head
- Senior Staff/Manager
- Staff
- Academic
- Practicing Pharmacist

## JOB FUNCTION

- Operations
- Project Management
- Research/Development
- Sales/Marketing
- Purchasing/Contract Management
- Regulatory/Compliance
- Technical Services
- Information Systems
- Maintenance/Support

Continued on next page

**REASONS FOR JOINING NCPDP (please rank top two choices in order of importance)**

- |                                                           |                                                                       |
|-----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Company Recognition in Industry  | <input type="checkbox"/> Standards Documentation Acquisition          |
| <input type="checkbox"/> Membership Directory Acquisition | <input type="checkbox"/> Database Products or RxReconn Access         |
| <input type="checkbox"/> Personal/Career Advancement      | <input type="checkbox"/> Work Group Participation/Standards Influence |
| <input type="checkbox"/> Annual Conference Attendance     | <input type="checkbox"/> Networking Opportunities                     |
| <input type="checkbox"/> Educational Forum Attendance     | <input type="checkbox"/> Certification Program                        |
|                                                           | <input type="checkbox"/> Other                                        |

The membership term is based on the anniversary year of the member. The annual fee is \$750 (subject to change) per membership, renewable each year and payable by check or credit card. Membership is on an individual basis. If a company desires more than one employee to become a member, the \$750 membership fee will be due for each person. There are no refunds for membership cancellations.

RxReconn® is NCPDP's legislative tracking tool. It offers NCPDP members the opportunity to monitor pharmacy-related state and national legislative and regulatory activity that impacts their businesses. RxReconn® is only available to NCPDP members as a premium, add-on offering. The subscription fee is an additional \$2,800 annually. To learn more please visit <http://www.ncpdp.org/Products/RxReconn> or email [governmenthelp@ncpdp.org](mailto:governmenthelp@ncpdp.org).

NCPDP Foundation is a 501(c)(3) nonprofit charitable organization headquartered in Scottsdale, Arizona, and is affiliated with the National Council for Prescription Drug Programs (NCPDP). Approved by the NCPDP Board of Trustees, the Foundation was established in December 2012 to support research, education and charitable involvement within the healthcare industry. To learn more, visit <http://www.ncpdp.org/About-Us/Foundation>, email [tschroeder@ncpdpfoundation.org](mailto:tschroeder@ncpdpfoundation.org) or call 480.477.1000 ext. 131.

**RETURN TO:**

**National Council for Prescription Drug Programs**  
9240 East Raintree Drive  
Scottsdale, Arizona 85260  
480-477-1000  
Fax (480) 767-1042

