



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  | Early Bird Rate<br>(prior to February 16, 2018) | Regular Rate<br>(after February 16, 2018) |
|--|---|---|
| Member   | <input type="checkbox"/> \$975                  | <input type="checkbox"/> \$1,250          |
| Non-Member*  | <input type="checkbox"/> \$1,725                | <input type="checkbox"/> \$2,000          |
| <input type="checkbox"/> NCPDP Foundation Pour**   |   | \$100                                     |
| <input type="checkbox"/> Conference Registration for Spouse<br>Name of Spouse _____            |   | \$400                                     |
| <input type="checkbox"/> Closing Networking Event Only Pass for Spouse<br>Name of Spouse _____ |   | \$100                                     |

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

\*For ADA requests (accessibility, lodging, dietary), please contact Kim Dixon-Williams, CMP at 480-477-1000, ext. 113 or [kdwilliams@ncdpd.org](mailto:kdwilliams@ncdpd.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@ncdpd.org](mailto:bgoerlich@ncdpd.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 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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 Pharmacy
- 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)
- Workers' 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
- Equipment/Product Supplier
- Federal/State Agency (non-payer)
- Health Info Exchange/HIE/Intermediary
- Informatics/Data Analysis
- Marketing/Educational Services
- Network/Contract Management
- Professional Services
- Professional Trade Association
- Software Vendor/Certifier
- System Vendor
- Wholesale Drug Dist/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

## Professional Level

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