



Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____

This is my first time attending this conference

I require Continuing Education Credits

Registration Fees

Member \$1,250

Non-Member \$1,970

Fee includes 2017 member dues of \$720. Please complete the NCPDP Membership Application on the next page.

NCPDP Foundation Pour* \$100

Conference Registration for Spouse \$400

Name of Spouse _____

Rendezvous Networking Event Only Pass for Spouse \$100

Name of Spouse _____

* 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 Affair (Tuesday)

Opening Reception in Solutions Marketplace (Monday)

Breakfast with IMS Trends Report (Wednesday)

Fun Run/Walk for the NCPDP Foundation (Tuesday)

Luncheon with Keynote, Paul Moya (Wednesday)

Opening Brunch with Robert Channing (Tuesday)

Rendezvous Networking Event (Wednesday)

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

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 2017 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