

meeting date.

## Reducational Summit Registration Form Policy, Pilots, and Patients: Forces Shaping the Healthcare Experience **Return by October 27**

TO: Brian Goerlich				
EMAIL: bgoerlich@ncpd	p.org			
PHONE NUMBER: 480-47	77-1000, ext. 109			
Please Type or Print				
Name:				
Title:				
Company:				
Address:				
City:				
Phone Number (with ext	ension):	Fax N	lumber:	
Email:				
☐ I plan to apply for CE	Credits			
	Early Bird Rate (on or before 10/6/17)		Rate (after 10/6/17)	
Member	\$450		\$500	
Non-member*	\$700		\$750	
*Non-member price inclu Non-members who pay t scheduled quarterly Wor membership.	o attend an Education	nal Program and then jo	oin NCPDP prior to	the next
Payment Information (A  ☐ Visa ☐ Ma		J.S. funds drawn on U.S American Express	5. <i>banks)</i> □ Check Ei	nclosed
Name (as it appears on c	ard):			
Credit Card Number:		Expiration Date: _	CV	V:
Billing Address:		State	e: Z	ip:
City:	State:	Zip:		
For ADA requests (access 1000, ext. 113 or kdwillia		• • •		

**Important note:** For your name to be included on the attendee roster, your registration must be received in the Council office no later than October 27, 2017.