



**TO: Brian Goerlich**

**EMAIL: [bgoerlich@ncpdp.org](mailto:bgoerlich@ncpdp.org)**

**PHONE NUMBER: 480-477-1000, ext. 109**

**Please Type or Print**

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

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

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

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

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

Phone Number (with extension): \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

I plan to apply for CE Credits

**Registration Fee**

**Member**  \$500

**Non-member\***  \$750

\*Non-member price includes admission to the summit and the Work Group meetings (regularly \$450). Non-members who pay to attend an Educational Program and then join NCPDP prior to the next scheduled quarterly Work Group meeting, may apply \$150 of their registration fee towards their membership.

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

Visa       MasterCard       American Express       Check Enclosed

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

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

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

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

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.

**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.