



NCPDP 2024 Annual Technology & Business Conference

Registration Form

May 6 – 8, 2024 | Westin Kierland Resort & Spa | Scottsdale, AZ

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 ends February 26, 2024)

Member \$1,000

Non-Member* \$1,825

Conference Registration for Spouse \$400

Name of Spouse _____

Closing Networking Event Only Pass for Spouse \$110

Name of Spouse _____

*Includes member dues of \$825. Please complete the NCPDP Membership Application on the next page.

NCPDP Foundation Denim & Diamonds

Registration for the Foundation's event will open in early 2024. Watch your email for more information and bookmark this link for future reference: <http://ncpdpfoundation.org/events.aspx>.

Check which of the following events you plan to attend

Annual Meeting of the Membership (Monday)

Passing of the Gavel, Featured Speaker (Wednesday)*

Opening Reception in the Innovation & Connection Hub (Monday)*

Awards & Recognition, Keynote Speaker (Wednesday)*

Welcome with Lee Ann Stember & Opening Keynote (Tuesday)*

State of the Association, Keynote Speaker (Tuesday)*

Closing Networking Event (Wednesday)*

*For ADA requests (accessibility, lodging, dietary), please contact Kim S. Dixon, CMP at 480-477-1000, ext. 113 or 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: _____

VISA MC 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 all completed forms to: bgoerlich@ncpdp.org

It is understood that any photos, video, and/or audio of a registered attendee of the NCPDP 2024 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: _____

University/College Attended: _____

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
- Precision Medicine/Pharmacogenomics
- 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
- Managed Care Organization
- Medication Therapy Mgmt Admin
- Pharmacy Benefit Mgmt/Admin Company
- Precision Medicine/Pharmacogenomics
- 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
- Precision Medicine/Pharmacogenomics
- 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 (select all that apply and please highlight the top two choices)

- | | |
|---|---|
| <input type="checkbox"/> Work Group Participation/Standards Influence | <input type="checkbox"/> Networking Opportunities |
| <input type="checkbox"/> Database Products and RxReconn | <input type="checkbox"/> Pharmacy Technology Initiative (PTI) |
| <input type="checkbox"/> Personal/Career Advancement | <input type="checkbox"/> Value-based Care/VBA |
| <input type="checkbox"/> Annual Conference Attendance | <input type="checkbox"/> Digital Therapeutics (DTx) |
| <input type="checkbox"/> Educational Forum Attendance | <input type="checkbox"/> Pharmacogenomics (PGx) |
| <input type="checkbox"/> Standards Documentation Acquisition | <input type="checkbox"/> Health Plans |
| <input type="checkbox"/> Company Recognition in Industry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Membership Directory Acquisition | |

RxReconn[®], NCPDP's legislative tracking tool 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 \$2,500 annually. To learn more please visit <http://www.ncdp.org/RxReconn> or email productinfo@ncdp.org.

Standards Table Data is a service offered by NCPDP that reduces time and resources updating and maintaining NCPDP Standards values. With a subscription to NCPDP Standards Table Data you will have access to machine parsable raw data that can be imported into your existing applications for the Standard and version you need. NCPDP Standards Table Data is only available to NCPDP members as a premium, add-on offering. The subscription fee is an additional \$1,950 annually per Standard and Version. To learn more please visit standards.ncdp.org/Standards-Table-Data or email productinfo@ncdp.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.ncdpfoundation.org>, email tleon@ncdp.org or call 480.477.1000 ext. 131.

PAYMENT INFORMATION (all fees are payable in U.S. Funds Drawn on U.S. Banks)

The annual membership fee is \$750.00 per person, payable by credit card or check in U.S. funds drawn on a U.S. bank. Membership is renewable each year on the anniversary date of your initial membership. NCPDP membership is on an individual basis. *Note: if your company or organization (your "sponsor") is paying for your membership as part of your employment, and your employment with your sponsor ends, the sponsor may assign the membership to another individual and your membership will terminate. You may continue your individual membership by resubmitting an application and paying the annual membership fee.*

- Payment Enclosed (Check, Money Order, Cashier's Check) VISA MasterCard American Express

_____ **Total Amount Due:** **\$750.00** **Membership Amount** **\$2,500.00** **RxReconn[®] Subscription Amount**

Name (as it appears on card): _____

Card Number: _____ **CVV Code** _____ **Exp Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Signature: _____

RETURN TO:

National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, Arizona 85260
480-477-1000 x109
Email: bgoerlich@ncdp.org

