

# Registration Form

## 19th Pediatric Pharmacy Conference And PPAG Annual Meeting

Historic Saint Charles, Missouri  
October 7-10, 2010

### REGISTRATION OPTIONS

1. MAIL REGISTRATION.  
Complete this form and mail to: PPAG Meeting Services, 7953 Stage Hills Blvd., Ste. 101, Memphis, TN. 38133, USA
2. PHONE REGISTRATION.  
Call 901-380-3617
3. FAX REGISTRATION.  
Fax completed form to 901-380-3617

### GENERAL INFORMATION

- The Deadline for Early Bird Registration is August 26, 2010.
- Full Registration includes all educational sessions, group meals, and opening reception.
- Full *Non-member* Registration fees include a one-year membership to PPAG (through 2011).

### REGISTRATION CATEGORIES AND FEES

*Please circle the appropriate fees.*

	Early Bird 08/26/10	Regular 09/29/10	Late/ Onsite
Member	450.00	550.00	600.00
Non-Member	665.00	765.00	815.00
Resident Member	350.00	450.00	500.00
Resident Non-Member	435.00	535.00	635.00
Student Member	150.00	250.00	300.00
Student Non-Member	215.00	315.00	365.00
Guest/Spouse	150.00	150.00	150.00
<b>Add-on: Hospital Tours</b>	75.00	75.00	75.00
<b>Add-on: Cystic Fibro- sis Preconference</b>	75.00	75.00	75.00

- **Refunds** will be given through 09/15/2010. A \$25 transaction fee will be assessed per refund. After 09/15/2010, no refunds will be given, but balances can be transferred to future meetings/conferences.

**Please call PPAG for special one-day pricing.**

### REGISTRANTS INFORMATION

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

Name of guest attending: \_\_\_\_\_

Degree: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*\*Registration Confirmation will be sent via email.*

### PAYMENT INFORMATION

#### Payment Type

*Please circle appropriate payment type*

Check enclosed

Credit Card (Circle)

Visa

Mastercard

American Express

Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_

#### Payment Address

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

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

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