

2010 MIDYEAR CONFERENCE

AMERICAN COLLEGE OF APOTHECARIES

&

AMERICAN COLLEGE OF VETERINARY PHARMACISTS

THE WESTIN BEALE STREET

MEMPHIS, TENNESSEE • APRIL 22 — 25, 2010



Name: _____ Name for Badge: _____

Pharmacy/Company Name: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Daytime Telephone: _____ *Email Address: _____

Date of Arrival: _____ Date of Departure: _____

Spouse/Guest: _____ Name for Badge: _____

*Spouse/Guest Email Address: _____

*You will receive conference correspondence via email.

REGISTRATION PRICING & PAYMENT:

	Postmarked Before/On <u>April 15, 2010</u>	Postmarked After <u>April 15, 2010</u>
ACA/ACVP Member/Applicant	\$650.00	\$695.00
Spouse/Guest	**\$150.00	\$195.00
Non-ACA/ACVP Pharmacist/Other	\$750.00	\$795.00

**Fee does not include optional activities.

Registration Fees _____

Spouse/Guest _____

Optional Spouse/Guest Activities:

Saturday Brunch \$50 _____

Total _____

Form of payment: Credit Card Check Enclosed

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____
(last 3 or 4 digits on back of card)

Signature: _____

PLEASE MAIL THIS FORM TO:

ACA Research & Education Resource Center

P.O. Box 341266

Memphis, TN 38184

Phone: 901-383-8119 or FAX to 901-383-8882

CANCELLATION POLICY:

Prior to and including April 15, 2010 – full refund.

After April 15 – 70% of registration fee.

After April 20 – no refund.
