

AMCP MANAGED CARE & SPECIALTY PHARMACY ANNUAL MEETING 2019

MARCH 25-28 • SAN DIEGO

Full payment must accompany this form for registration to be processed. Confirmation notices will be sent to confirmed attendees via email.

ATTENDEE INFORMATION (required)

FIRST NAME _____ LAST NAME _____

AMCP ID NUMBER (IF APPLICABLE) _____ TITLE _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

ATTENDEE TELEPHONE _____ ATTENDEE EMAIL ADDRESS _____

REGISTRATION FEES/CATEGORIES (please check appropriate box below)

JOIN AMCP TO GET MEMBER RATES! Visit www.amcp.org.

Administrative fee for cancellation applies.

	Early Bird rec'd on or before 2/22/2019		Advance rec'd after 2/22/2019		Onsite rec'd between 3/25/2019-3/28/2019	
	FULL	ONE DAY*	FULL	ONE DAY*	FULL	ONE DAY*
<input type="checkbox"/> Active Member <small>(pharmacist/MD/nurse/nurse practitioner/physician assistant)</small>	\$630	\$485	\$695	\$495	\$745	\$510
<input type="checkbox"/> Associate Member	\$710	\$535	\$810	\$555	\$860	\$570
<input type="checkbox"/> Non-Member	\$950	\$700	\$1045	\$720	\$1095	\$745
<input type="checkbox"/> Resident/Fellow/Graduate Student Member		\$285		\$345		\$380
<input type="checkbox"/> Pharmacy Technician Member		\$285		\$345		\$380
<input type="checkbox"/> Student Pharmacist Member		\$165		\$175		\$185
<input type="checkbox"/> Student Pharmacist Non-Member		\$190		\$200		\$210
<input type="checkbox"/> Booth Personnel Paid				\$250		

* If registering for one day, please indicate which day you will be attending: Tues Wed Thurs

ADDITIONAL PROGRAMS & EVENTS

AMCP Specialty Connect *

Mon., March 25, 1:00 pm-5:30 pm/Networking Reception, 5:30 pm-6:30 pm

AMCP Member - \$195 Non-Member - \$295

AMCP Foundation Health and Wellness Event: Sunrise Yoga

Tues., March 26, 6:00 am-7:00 am; please check t-shirt size:

S M L XL XXL \$20

AMCP Foundation Health and Wellness Event: 6th Annual 5K Run for the Future

Wed., March 27, 6:30 am (check-in 6:00 am), please check t-shirt size:

S M L XL XXL \$40 race \$20 sleep-in
(non-refundable donation supports AMCP Foundation research programs)

Team Name: _____

AMCP Foundation Donation

\$25 \$50 \$100 Other: \$ _____

The 501(c)3 nonprofit AMCP Foundation is focused on research and education about managed care pharmacy as the philanthropic arm of AMCP.

* Please Note - An administrative fee applies for cancellations to this program. See right column for details.

DEMOGRAPHIC INFORMATION

I. Which of the following best describes your employer? (check one)

- | | |
|---|---|
| <input type="checkbox"/> ACO/PCMH/Emerging Care Model | <input type="checkbox"/> Medical/Physician Group |
| <input type="checkbox"/> Association | <input type="checkbox"/> MTM Service |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Not Employed |
| <input type="checkbox"/> Community Pharmacy | <input type="checkbox"/> PBM or Mail Service |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Pharmaceutical Industry |
| <input type="checkbox"/> Government/Military | <input type="checkbox"/> Quality Service Organization |
| <input type="checkbox"/> Health Information Technology/IT | <input type="checkbox"/> Research/Data Analytics |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Specialty Pharmacy |
| <input type="checkbox"/> Integrated Delivery Network | <input type="checkbox"/> Wholesale/Distribution/GPO |
| <input type="checkbox"/> Managed Markets Agency | |
| <input type="checkbox"/> Medical Education | |
| <input type="checkbox"/> Other (specify) _____ | |

II. Which of the following best describes your job function(s)? (check one)

- | | |
|--|--|
| <input type="checkbox"/> Academic Faculty/Staff | <input type="checkbox"/> PBM/Client Services |
| <input type="checkbox"/> Account Management | <input type="checkbox"/> Pharmacy Director/Asst Director |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Pharmacy Manager |
| <input type="checkbox"/> Clinical Pharmacist/Coordinator | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Pharmacy/Provider |
| <input type="checkbox"/> Contracting/Distribution/Supply Chain | <input type="checkbox"/> Network Management |
| <input type="checkbox"/> C-Suite Member/VP | <input type="checkbox"/> President/CEO |
| <input type="checkbox"/> Formulary/Drug Use Mgmt | <input type="checkbox"/> Product/Program Dev |
| <input type="checkbox"/> Government/Legal Affairs | <input type="checkbox"/> Profess./Trade Relations |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Research-Outcomes/Clinical |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Resident/Fellow |
| <input type="checkbox"/> Medical Affairs | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Medical Directors/CMO | <input type="checkbox"/> Staff/Operations Pharmacist |
| <input type="checkbox"/> Not Employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> P&T Committee Mbr/Liaison | |
| <input type="checkbox"/> Other (specify) _____ | |

III. Indicate your license or eligibility for licensure below. (check one)

- | | |
|---|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Pharmacy Technician |

IV. Indicate your reason for attending AMCP's national meetings. (check one)

- | | |
|---|---|
| <input type="checkbox"/> Continuing Education Credits | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Enhance Knowledge/Skills | <input type="checkbox"/> Personal/Leadership Skills |
| <input type="checkbox"/> Information and Resources | |

V. Is this your first AMCP meeting? Yes No

Submission of this form indicates your acceptance of the following registration terms for AMCP Annual Meeting 2019:

- Cancellation of participant registration must be requested in writing and must be received on/before Friday, February 22, 2019 in order to receive a partial refund less applicable administrative fees as listed below.
 - A \$200 administrative fee will be assessed on all AMCP Annual Meeting 2019 registrations. Student cancellation fee is \$75.
 - A \$100 administrative fee will be assessed on all AMCP Specialty Connect registrations.
- There are no FULL refunds on AMCP or AMCP Foundation registrations.
- Registrant substitutions will be accepted with written notification from the original registrant. An administrative fee of \$175 (other fees may apply for different registrant types) will be assessed. Only one substitution per registrant is allowed.
- A registration transfer to other AMCP meetings is not allowed.
- A valid photo ID is needed during registration check-in to obtain your badge and meeting materials.
- If you cancel your AMCP or AMCP Foundation registration before Friday, March 1, 2019 at noon EST, your hotel reservations will automatically be canceled. If you cancel your registration after Friday, March 1, 2019, you will need to contact the hotel directly starting Thursday, March 14, 2019 to cancel your hotel reservations.
- In order to be eligible for the AMCP "member" registration rate, you must be an individual member in good standing at the time of registration and the meeting.

METHOD OF PAYMENT

- Check made payable to Experient/AMCP for \$ _____
(in U.S. funds drawn on a U.S. bank)
- Charge my credit card (Visa, MasterCard, American Express, Discover)

CARD NUMBER _____ EXP DATE (MONTH/YEAR) _____

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) _____

CARDHOLDER SIGNATURE _____