

TENNESSEE PHARMACISTS ASSOCIATION 122ND ANNUAL CONVENTION REGISTRATION

MARRIOTT RESORT & SPA • HILTON HEAD, SOUTH CAROLINA
JULY 19-22, 2009

For additional details, see program materials at www.tnpharm.org or call 615-256-3023. Please copy this form for additional registrants.

FULL NAME	LICENSE NO.
NAME AS IT SHOULD APPEAR ON BADGE	
NAME OF GUEST/SPOUSE, IF REGISTERING	LICENSE NO.
PREFERRED ADDRESS FOR TPA CORRESPONDENCE	
CITY	STATE
PHARMACY/BUSINESS NAME	ZIP
BUSINESS PHONE	HOME PHONE
REGISTRANT'S CELL PHONE	<input type="checkbox"/> USE CELL PHONE FOR CONVENTION EMERGENCY ONLY
OTHER CELL PHONE	PERSON WHO CARRIES THIS PHONE
E-MAIL ADDRESS	

THIS IS MY

WORK

HOME

ADDRESS

SPECIFIC REQUESTS

 SPECIAL NEEDS: Check if you, your guest/spouse or children have a disability requiring special adaptations in order to attend this meeting. Please attach a written description.

 DIETARY:
Vegetarian (please specify restrictions): _____
Other (please specify): _____

CANCELLATION POLICY — All written cancellations received by July 1, 2009, will result in a refund of the registration amount minus \$75 administration fee. Refunds will not be processed until after the convention. No refunds will be issued for cancellations received after July 1, 2009. Due to planning requirements, Additional Event Tickets are nonrefundable, except when an event is cancelled by TPA.

HOTEL INFORMATION — Rooms will sell out quickly, so be sure to make your hotel reservation at Marriott Resort & Spa ASAP! To receive the TPA room rate of \$219, call 843-686-8400 or visit <http://tinyurl.com/6q3x11>.

PLEASE MAIL FORM AND FEES TO:

Tennessee Pharmacists Association
500 Church Street, Suite 650
Nashville, TN 37219
or FAX to 615.255.3528.

Questions?
Please call
615.256.3023.

* PHARMACISTS, PLEASE SUPPORT OUR STUDENTS!

Our students NEED your support! Please complete the following and make your check payable to the Tennessee Pharmacists Research & Education Foundation (TPREF). Donations are fully tax deductible.

 I will sponsor convention registration for [qty] students.
 I have the following student(s) in mind: _____

* **STUDENTS:** TPA provides financial assistance for student members to attend the Convention by awarding a limited number of scholarships each year, based on the total amount of contributions received. If interested, please complete the Student Scholarship Application on the Programs/Meetings page of the TPA website, www.tnpharm.org, instead of this form. **Student Scholarship Application Deadline: MAY 1.**

- **FULL REGISTRATION** includes CE programs, handouts, Monday/Tuesday luncheons, exhibits, Opening Party, Closing Party, Ice Cream Sundae Reception, and Awards Breakfast.
- **STUDENTS** interested in financial assistance to attend this meeting: Please see the information at the bottom left.

FULL REGISTRATION	After 6/15	SUBTOTALS
Pharmacist Member	\$425	_____
Pharmacist Nonmember	\$625	_____
Pharmacist Registration		
AND 2009 TPA Membership	\$700	_____
Technician Member	\$300	_____
Technician Nonmember	\$350	_____
* Student Pharmacist *	\$325	_____
Exhibitor/Non-Pharmacist	\$425	_____
CPR CERTIFICATION/RECERTIFICATION		
Members	\$85	_____
Nonmembers	\$110	_____

ASTHMA WORKSHOP

Quantity: _____
Sign-up required for Workshop; no additional fee

GUEST REGISTRATION

\$300
For an auxiliary member, spouse or guest; includes all social events, Awards Breakfast, and Tour of Historic Beaufort (Guest/Spouse Event)

EVENT TICKETS

• Needed for additional or unregistered guests:		Quantity
Opening Party (SUN. NIGHT)	\$90	_____
Guest/Spouse Event (MON. A.M.)	\$90	_____
Monday Lunch	\$40	_____
Officer Installation Lunch (TUE.)	\$40	_____
Closing Party (TUE. NIGHT)	\$90	_____
Awards Breakfast (WED.)	\$30	_____
• Needed for registrants and guests:		
Deep Sea Fishing (SUN. A.M.)	\$125	_____
Sport Crabbing (SUN. A.M.)	\$30	_____
Golf Tournament (SUN. A.M.)	\$125	_____

Includes greens fees, breakfast, lunch and prizes

Name/Avg 18-hole score: _____ / _____
Name/Avg 18-hole score: _____ / _____
Name/Avg 18-hole score: _____ / _____
Name/Avg 18-hole score: _____ / _____

SUPERKIDS PROGRAM

For children ages 4 years and older	After 6/15	Quantity
Full Names/Ages:	\$325	_____
_____		_____ / _____
_____		_____ / _____

PAYMENT TOTAL ENCLOSED \$ _____

- Check enclosed (payable to TPA)
 Visa Mastercard American Express

NAME ON ACCOUNT _____

ACCOUNT NUMBER _____

SECURITY CODE _____

EXPIRATION DATE _____

AUTHORIZED SIGNATURE (REQUIRED) _____

BILLING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE) _____

BILLING CITY _____ STATE _____ ZIP _____