



TENNESSEE PHARMACISTS ASSOCIATION

VIRTUAL WINTER MEETINGS

FEBRUARY 18-23, 2021

TPA • TSHP • TSSP

Complete this form to register by fax (615-255-3528) or mail (TPA, 1732 Lebanon Pike Circle, Nashville, TN 37210)
 OR register online at beeid.org/22c5987e5eea

WINTER MEETING INFORMATION: tnpharm.org/winter21

QUESTIONS? Call 615-256-3023 or email tpa@tnpharm.org

FULL NAME FOR BADGE _____ LICENSE NO. _____

NABP CE ID NO. (REQUIRED FOR CE) _____ BIRTHDATE (MM/DD), YEAR OPTIONAL _____

PREFERRED ADDRESS FOR TPA CORRESPONDENCE _____ HOME

CITY _____ STATE _____ ZIP _____ WORK

PHARMACY/BUSINESS NAME (STUDENTS, ENTER PHARMACY SCHOOL) _____ STORE # _____

PRIMARY EMAIL (REQUIRED FOR CE) _____

BUSINESS PHONE _____ CELL PHONE _____ HOME PHONE _____

VIRTUAL LEGISLATIVE HILL VISITS *Tuesday, February 23 (no cost)*

Do you plan to participate in Virtual Legislative Hill Visits? Yes No

Your home address: _____

Specific legislator(s) you might like to visit with: _____

CONTINUING EDUCATION — The Tennessee Pharmacists Consortium for Education (TPCE) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

PHOTO RELEASE — By submitting your registration, you grant permission for your name and/or photographs taken at the meeting to be used on the TPA website, social media, and/or in subsequent TPA publications.

CANCELLATION POLICY — All requests for refunds must be made in writing to the TPA office by February 5, 2021. **NO REFUNDS WILL BE PROVIDED FOR REQUESTS RECEIVED AFTER THAT DATE.** Refund requests received by February 5, 2021, will be provided in the amount of the registration total minus a \$75 administrative fee.

PAYMENT

Visa Mastercard AmEx Check enclosed (payable to TPA)

Pay with the credit card I have previously stored with TPA. *Signature required below.*

Pay with the credit card below, and securely store it for future TPA transactions. *Signature required below.*

NAME ON ACCOUNT _____

CREDIT CARD NUMBER _____ SECURITY CODE (REQUIRED): 3 DIGITS AFTER CARD NUMBER ON BACK OF VISA AND MASTERCARD; 4 DIGITS ABOVE CARD NUMBER ON FRONT OF AMERICAN EXPRESS.

EXPIRATION _____ SECURITY CODE _____

BILLING ADDRESS _____

BILLING CITY _____ STATE _____ ZIP _____

AUTHORIZED SIGNATURE (REQUIRED) _____

TSSP WINTER MEETING

Thursday-Saturday, February 18-20

STUDENT:

	RECEIVED AFTER 2/17	
• TPA/TSSP Member	\$30	_____
• TPA/TSSP Nonmember Includes 12-Month Membership	\$50	_____

FACULTY/STAFF:

• TPA Member	\$100	_____
• TPA Nonmember	\$150	_____

TSHP WINTER MEETING

Sunday, February 21

PHARMACIST:

	RECEIVED AFTER 2/17	
• TPA Member	\$150	_____
• TPA Nonmember - Registration Only	\$250	_____
• TPA Nonmember Includes 12-Month Membership	\$445	_____

TECHNICIAN:

• TPA/TSPT Member	\$125	_____
• TPA/TSPT Nonmember Includes 12-Month Membership	\$175	_____

RESIDENT/FELLOW:

	\$125	_____
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STUDENT:

	\$100	_____
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TPA WINTER MEETING

Monday-Tuesday, February 22-23

LEGISLATIVE & REGULATORY POLICY FORUM

	RECEIVED AFTER 2/17	
PHARMACIST:		
• TPA Member	\$225	_____
• TPA Nonmember – Registration Only	\$325	_____
• TPA Nonmember Includes 12-Month Membership	\$520	_____

TECHNICIAN:

• TPA/TSPT Member	\$150	_____
• TPA/TSPT Nonmember Includes 12-Month Membership	\$200	_____

RESIDENT/FELLOW:

	\$150	_____
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STUDENT:

	\$125	_____
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TOTAL REMITTED \$ _____