REGISTRATION FORM

AMCP 2017 NEXUS

Changing the Way We Pay for Health Care

OCTOBER 16–19
DALLAS
GAYLORD TEXAN HOTEL & CONVENTION CENTER

Full registration fees must accompany this form to be processed. Confirmation notices will be sent to confirmed participants via email.

ATTENDEE INFORMATION *(required)*

FIRST NAME _____ LAST NAME _____

MY AMCP MEMBERSHIP NUMBER (IF APPLICABLE) _____ TITLE _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

REGISTRANT'S TELEPHONE _____ REGISTRANT'S 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 9/15/2017*		Advance *rec'd after 9/15/2017*		Onsite *rec'd between 10/16/2017–10/19/2017*	
	FULL	ONE DAY*	FULL	ONE DAY*	FULL	ONE DAY*
Active Member *(pharmacist/MD/nurse/nurse practitioner/physician assistant)*	$625	$480	$690	$490	$740	$505
Associate Member	$695	$520	$795	$540	$845	$565
Non-Member	$945	$700	$1040	$720	$1090	$745
Resident/Fellow/Graduate Student Member	$280		$340		$375	
Pharmacy Technician	$280		$340		$375	
Student Pharmacist Member ***REQUIRED: GRAD YEAR*** _____	$160		$170		$180	
Student Pharmacist Non-Member ***REQUIRED: GRAD YEAR*** _____	$185		$195		$200	
Name Change Fee			$150			
Media			comp			

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

ADDITIONAL PROGRAMS & EVENTS

AMCP Foundation Research Symposium * • Monday, October 16 — $245

AMCP Corporate Training Program: Engaging Your Customers in a Value-Based Health Care Market * — $2,450
Mon., October 16, 12:00 pm–5:15 pm/Tues., October 17, 8:00 am–12:15 pm; includes registration to AMCP Nexus 2017

AMCP Foundation Sunrise Yoga • Tuesday, October 17 and Wednesday, October 18 — $15 - Tues, $15 - Wed

AMCP FOUNDATION DONATION

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

$25 $50 $100 Other: $ _____

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 _____

* ***Please Note – Different administrative fees apply for cancellations of the programs above. See right column for details.***

DEMOGRAPHIC INFORMATION

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

ACO/PCMH/Emerging Care Model
Adherence Service Provider
College/University
Community Pharmacy
Consulting Firm
Government/Military
Health Plan
Hospital/Health System
Managed Markets Agency
Medical Education
Medical/Physician Group
MTM Service
PBM or Mail Service
Pharmaceutical Industry
Press
Research/Analytics
Retired
Specialty Pharmacy
Technology/IT
Wholesale/Distribution/
Other *(specify)* _____

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

Academic Faculty/Staff
Case Manager
Clinical Pharmacist/Coordinator
Consultant
Contracting/Distribution/ Supply Chain
C-Suite Member/VP
Formulary/Drug Use Mgmt
Graduate Student
Legal Affairs/Govt Affairs
Marketing/Sales
Medical Affairs
Medical Director/CMO
Not Employed
Pharmacy Director/ Assistant Director
Pharmacy Manager
Pharmacy Technician
Pharmacy/Provider Network Management
President/CEO
Product/Program Devel
Prof./Trade Relations
Research-Outcomes/Clinical
Resident/Fellow
Retired
Staff/Operations Pharmacist
Student
Other *(specify)* _____

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

MD
Not Applicable
Nurse
Nurse Practitioner
Other _____
Physician Assistant
Pharmacist
Pharmacy Technician

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

Continuing Education Credits
Enhance Knowledge/Skills
Information and Resources
Networking
Personal/Leadership Skills

V. Is this your first AMCP meeting? Yes No

Submission of this form indicates your acceptance of the following registration terms for AMCP Nexus 2017:

- Cancellation of participant registration must be requested in writing and must be received on/before **Friday, September 15, 2017**. A $200 administrative fee will be assessed on all **AMCP Nexus 2017** registrations. A $100 administrative fee will be assessed on all **AMCP Foundation Research Symposium** registrations. A $400 administrative fee will be assessed on all **AMCP Corporate Training Program: Engaging Your Customers in a Value-Based Health Care Market** 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 $150 (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 conference materials.
- 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 conference**. If you have any questions about your membership, please contact the AMCP Membership Department at 703/684-2600 or memberservices@amcp.org. You will be able to join and renew your membership as part of the registration process.
- AMCP Corporate Member employees must be **individual AMCP members in good standing** to be eligible for the "member" registration fee.

Online: www.amcpmeetings.org • Fax: 888/772-1888 or 301/694-5124 • Mail: Experient/AMCP, 5202 Presidents Court, Suite 310, Frederick, MD 21703 • Questions? Call: 800/424-5249 or email: amcpnexus@experient-inc.com