



2017 INDEPENDENT PHARMACY CONFERENCE



KEYNOTE SPEAKER

Congressman Earl L.
"Buddy" Carter, the only
pharmacist in Congress.

www.buddycarter.house.gov

SUNDAY, MARCH 12, 2017

Pines Manor 2085 Route 27 Edison, NJ

7:30 a.m. Sign-In **8:30 a.m.** Opening Remarks

- Dozens of industry vendors
- 6 CE Credits (including 3 law and 2 immunization credits)
- Breakfast and lunch

ADMISSION: GSPO Members: \$95 GSPO Nonmembers: \$145 Students: \$25

Morning (must pick A or B)

Session A, Room 1

2017 Pharmacy Compliance and DEA
Enforcement Update - **3 LAW CREDITS**
Presented by James Schiffer and Carlos
Aquino

Session B, Room 2

Improving the Safety of Compounding
Sterile Preparations & Specialty
3 CE credits
Presented by Lou Diorio and TBD

Afternoon (must pick C or D)

Session C, Room 1

Patient Safety and the Law- Medication Errors -
3 LAW CREDITS
Presented by Satish Poondi and Angelo Cifaldi

Session D, Room 2

Update on Requirements for Immunization
Certification in New Jersey - **2 CREDITS**
Presented by Joe Bova

Medicare Part D for Retail Pharmacies
2 CE credits
Presented by George Rusuloj

Guest Lecturers



James Schiffer
RPh Esq.
Allegaert, Berger
& Vogel Law Firm

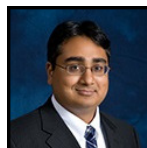


Carlos Aquino
Compliance
Consultant,
Pharma
Compliance Corp.

Lou Diorio RPh,
FAPhA, LDT
Health Solutions,
Inc.



TBD



Satish V.
Poondi, R.Ph,
J.D. Wilentz,
Goldman, &
Spitzer Law Firm



Angelo Cifaldi,
R.Ph, J.D.
Wilentz,
Goldman, &
Spitzer Law Firm

Joseph J.
Bova, M.S.,
R.Ph Director
LIU Pharmacy



George Rusuloj
Pharm. D.,
Bell Pharmacy

PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH ATTENDEE.

MAIL TO - GSPO 44 WEST TAYLOR AVE. HAMILTON, NJ 08610

CALL - 800-633-0037 FAX - 609-439-0865

NAME OF ATTENDEE: FIRST, LAST NAME

DOB: MM / DD NABP PROFILE #: _____ CELL #: _____

EMAIL: _____ GSPO MEMBER: ☐ YES ☐ NO | STUDENT: ☐ YES ☐ NO

AM: SESSION _____ ROOM _____ PM: SESSION _____ ROOM _____

NAME OF PHARMACY _____

PHARMACY PHONE #: _____ EMAIL: _____

CHECK ☐ CREDIT CARD ☐ CHECK #: _____ AMT PAID: _____

CREDIT CARD #: _____ EXP DATE: _____