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
- Breakfast and lunch
- 6 CE Credits (**including 3 law and 2 immunization credits**)

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: _____