Student Pharmacist Registration Form

MPA Annual Convention & Exposition
Feb. 22-24, 2019, Marriott Hotel at the Renaissance Center, Detroit

MICHIGAN PHARMACISTS ASSOCIATION

STEP 1: Registrant Information

Please complete Convention registration information below, or register at www.MichiganPharmacists.org/education/convention. **If you are a pharmacist, technician, guest or Exhibit Hall only visitor, please complete the pharmacist, technician, guest and Exhibit Hall visitor registration form.**

Legibly print your name as you would like it to appear on your name badge.

First Name

Last Name

Nickname

School: ❑ FSU ❑ UM ❑ WSU ❑ Other_____
Year: ❑ P1 ❑ P2 ❑ P3 ❑ P4

Address_____ City_____ State_____ Zip_____ ❑ Home ❑ Work

Home Phone_____ Work Phone_____ Fax_____ Email_____

STEP 2: Student Pharmacist Registration

Please indicate which type of registration you require. **Pre-registration will close at 4:30 p.m. on Tuesday, Feb. 12, 2019; therefore, registration forms must be received by MPA (fax or postmark) before that date and time.** After Feb. 12, 2019, participants must register for the Annual Convention onsite and pay the onsite rate. Registration includes continuing education programs, exhibits and Saturday's pre-banquet reception.

	Before Feb. 12	Feb. 13 and Onsite	**Circle days attending:**	**FRIDAY, 2/22**	**SATURDAY, 2/23**	**SUNDAY, 2/24**
SMPA Member	❑ $15	❑ $20				
Nonmember	❑ $25	❑ $35				

Total Step 2 $_____

STEP 3: Special Events

Please indicate all activities that you will attend. These fees are in addition to the registration rates.

	Member	Nonmember	Total
❑ **Friday-Sunday Breakfast Hosted by Michigan Pharmacy Foundation** *Purchase coffee and pastries for all three mornings of the Convention for $5 per day for members and $10 per day for nonmembers. Check the day(s) for which you are purchasing breakfast. Pre-registration is necessary.*	❑ Fri. - $5 ❑ Sat. - $5 ❑ Sun. - $5	❑ Fri. - $5 ❑ Sat. - $5 ❑ Sun. - $5	$_____
❑ **Friday Student Pharmacist Social** *Limited to student pharmacists and other individuals by invitation only. Pre-registration is necessary.*	Complimentary	N/A	$_____
❑ **Saturday MSHP Student Pharmacist Luncheon** *This luncheon is complimentary to members only. Pre-registration is necessary.*	Complimentary	N/A	$_____
❑ **Saturday Annual Banquet** *For student pharmacists who wish to attend the Annual Banquet and are not eligible to participate in the MPF Adopt-a-Student program. Pre-registration is necessary. Ticket is non-transferable.*	$100	$100	$_____

NOTE: If you are an SMPA member, and you would like to participate in the Michigan Pharmacy Foundation Adopt-a-Student program, you must provide your practice area of interest, a short biography about yourself, including your professional goals and why you chose pharmacy as your career path, and a high-resolution professional headshot photograph by visiting www.MichiganPharmacists.org/foundation/adoptastudent no later than 4:30 p.m. on Jan. 11, 2019. Incomplete submissions will not be accepted. This information will be compiled into a catalog that will be used to match you with pharmacy professionals willing to adopt you to attend the Annual Banquet on Feb. 23, 2019.

Total Step 3 $_____

STEP 4: Michigan Pharmacy PAC Luncheon

If you plan to attend the Michigan Pharmacy PAC luncheon, please indicate so below. **A separate personal check made payable to Pharmacy PAC is preferred** so funds that are raised may be used to support pharmacy-friendly legislative candidates.

	Member	Nonmember	Total
❑ Friday Michigan Pharmacy PAC Luncheon	$50	$50	**Total Step 4 $_____**

STEP 5: Specific Requests

Special Needs

❑ ASL Interpreter ❑ Braille Material ❑ Other (please specify)_____

This meeting facility meets the criteria of the Americans with Disabilities Act. Special needs must be requested 60-days in advance.

Dietary

❑ Vegetarian (please specify restrictions)_____ ❑ Other (please specify)_____

Special dietary needs must be requested 20-days in advance.

Cancellation and Refund Policy

All requests for refunds must be received in writing by Feb. 1, 2019 (postmark or fax date). Cancellations or registration modifications resulting in a refund received from Feb. 2 through Feb. 12, 2019, will be assessed a $50 administrative fee. Cancellations after Feb. 12, 2019, no shows or changes made onsite to registrations will not be refunded. Refunds will not be given for inclement weather, nor will refunds be given due to registration errors made by the participant.

Media Release

My participation in this event is my consent, as well as the consent of any guests I bring, to be photographed, videotaped or recorded in any fashion by the Michigan Pharmacists Association (MPA) Family of Companies. I do hereby release to MPA, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for photographing or recording me, either for initial or subsequent transmission or playback.

STEP 6: Amount Due

Total Step 2 $_____
Total Step 3 + $_____
Subtotal Steps 2 and 3 = $_____
(Credit card or check payable to MPA)

Total Step 4 + $_____
(Check payable to Pharmacy PAC preferred)

Total Payment(s) Enclosed = $_____

Return completed registration form and payment to:
Andrea Schweitzer
Michigan Pharmacists Association
408 Kalamazoo Plaza, Lansing, MI 48933
FAX (517) 484-4893 (credit card payment only)
www.MichiganPharmacists.org/education/convention

Full payment must accompany the registration form. Incomplete registrations or registrations with partial payment will not be processed. A confirmation email verifying receipt of your registration form will be sent if an email address is provided.

Method of Payment

❑ Check Enclosed ❑ Visa/MasterCard/AmEx (Circle One)

Account No._____

Expiration Date_____ CVV Code_____

Signature_____

For MPA Accounting Use Only
Check #_____ Amount_____ Date_____
❑ Received membership dues

For PAC Accounting Use Only
Check #_____ Amount_____ Date_____
❑ Tax-deductible receipt sent

Distribution of Registrant Contact Information

As a registrant of the MPA Annual Convention, your contact information, including address and phone number, may be distributed to key partners supporting the Convention. By registering, you acknowledge that your information will be provided unless you opt out below.

❑ Please do not provide my contact information to Convention supporters.

WEBSITE PRINTABLE