

NDPAC 40TH ANNUAL CONVENTION ~ JUNE 15-20, 2010 ~ LAS VEGAS, NV

REGISTRATION FEES

*** ADD AN ADDITIONAL \$200 IF NOT BOOKING IN NDPAC BLOCK OF ROOMS**

Mark Appropriate Box	<u>Before or on May 15, 2010</u>		<u>After May 15, 2010</u>		Amount
	Check/Money Order	Charge thru PayPal	Check/Money Order	Charge thru PayPal	
<input type="checkbox"/> FAMU RPh (Includes membership for 2010-2011)	\$250	\$260	\$300	\$312	_____
<input type="checkbox"/> Other RPh	\$200	\$208	\$250	\$260	_____
<input type="checkbox"/> Nurse	\$200	\$208	\$250	\$260	_____
<input type="checkbox"/> Social Worker	\$200	\$208	\$250	\$260	_____
<input type="checkbox"/> Pharmacy Technician	\$100	\$104	\$125	\$130	_____
<input type="checkbox"/> Spouse/Guest (18 years+)	\$100	\$104	\$125	\$130	_____
<input type="checkbox"/> Additional Amount	\$___	\$___	\$___	\$___	_____
Method of Payment	<input type="checkbox"/> Check # _____		PayPal Transaction # _____		Total: _____

REGISTRATION FORM

PRE-REGISTRATION DEADLINE IS MAY 15, 2010

(Please print clearly)

(To be reported to CE Broker)

Name: _____ **Florida License #:** _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone: (Wk): _____ **Home:** _____ **Cell:** _____

Email: _____ **Graduating College/University:** _____

Date and Time of Arrival: _____ **Date of Departure:** _____