

Registration Information - Each hotel room reservation requires its own registration form.

ATTENDEE

Pharmacy Group: APSC IPA IPC PACE PFOA PPSC RxPlus Other: _____
 Pharmacy Name: _____ Group ID #: _____
 Legal Name: _____ Preferred First Name for Badge: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Phone: _____ Cell Phone: _____ Fax: _____
 Email: _____
 Emergency Contact: _____ Emergency Contact Phone: _____
 ADA/Special Needs (inc. dietary): _____

GUESTS

Guest 1: Legal Name: _____ Preferred First Name for Badge: _____
 ADA/Special Needs (inc. dietary): _____
 Does guest plan to attend the educational seminars? Yes No
Guest 2: Legal Name: _____ Preferred First Name for Badge: _____
 ADA/Special Needs (inc. dietary): _____
 Does guest plan to attend the educational seminars? Yes No
 Child's Name: _____ Age: _____ Child's Name: _____ Age: _____
 ADA/Special Needs (inc. dietary): _____ ADA/Special Needs (inc. dietary): _____

TRAVEL
OPTIONS

Conference Inclusive Rate = \$310 per night
 Includes Conference registration for 3 adults and 2 children & 1 hotel room at the **Westin Hilton Head Island Resort**.
 Please enter resort arrival and departure dates below.
 Check-in Date (mm/dd/yy): _____ Check-Out Date (mm/dd/yy): _____ I prefer: 2 Queen Beds King Bed
 Special Requests: _____

Optional Golf Outing - Thursday, April 26, 2018

Would you like to participate in the optional Golf Outing (\$120/person)? Yes No Do you need rental clubs (\$59)? Yes No
Golfer 1: Name: _____ Golf Handicap: _____ Rental Clubs: Left or Right Handed? _____
Golfer 2: Name: _____ Golf Handicap: _____ Rental Clubs: Left or Right Handed? _____

Payment Information - Credit cards will not be charged until 1/2018 after confirmation.

Payment by Credit Card Charge my: Visa MasterCard AmericanExpress Discover
 Card #: _____ Exp Date: _____ Security Code: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Cardholder's Name: _____ Signature: _____

Cancellation Policy: Cancellations received at least 60 days prior to the start of the event (April 26, 2018) may be eligible to receive a full refund minus a \$50 service fee. Cancellations received less than 60 days prior to the start of the event are non-refundable, unless the cancellation is due to death or medical emergency in the traveler's immediate family (proof of death or medical emergency required). All cancellations must be communicated in writing to Emily.Gutgesell@ipcrx.com.

Complete this Form and Fax to 800-274-5525



Register Today!



**independent
PHARMACY**

— CONFERENCE • 2018 —

April 26 – April 29, 2018 • Hilton Head Island, SC

Westin Hilton Head Island Resort

