

2012 ANNUAL AkPhA CONVENTION

Marriott Downtown Anchorage, February 17 - 19

First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Place of Employment _____
 Work Address _____ City _____ State _____ Zip _____
 H phone _____ W phone _____ NABP e-profile ID _____
 AK Driver's License # _____ Email _____ DOB: _____
 Recruited by: _____

Technician/Pharmacy Student	
REGISTRATION	
Registration includes Friday reception.	
Friday	\$40.00 _____
Saturday	\$75.00 _____
Sunday	\$75.00 _____
<i>Non member Add</i>	\$50.00 _____
LATE REGISTRATION AFTER JAN. 31	
Late Registration fee	\$50.00 _____
TOTAL Registration Fees _____	

Pharmacist/ Associate	
REGISTRATION	
CPR/BLS	\$ 65.00 _____
Friday	\$ 60.00 _____
Saturday	\$120.00 _____
Sunday	\$120.00 _____
<i>Non Member Add</i>	\$195.00 _____
LATE REGISTRATION AFTER JAN. 31	
Late Registration fee	\$ 50.00 _____
TOTAL Registration Fees _____	

No refunds will be issued after January 31, 2012
 A 50% refund may be requested prior to Feb. 1.
 *Marriott reservations (907) 792-2108 (or)
 800-228-9290 *Mention AkPhA convention for reduced
 room rate of \$119. Group Code AKPAKPA
 * Dues and contributions are not deductible for
 income tax purposes, but may be deductible as
 ordinary business expenses, subject to IRS
 restrictions. AkPhA estimates that 45% of your
 dues dollar is non deductible because of
 AkPhA's lobbying activities on behalf of its
 members.

*To receive membership discount
 2012 dues must be paid*

Register On-Line At
www.alaskapharmacy.org
Target Audience:
Pharmacists & Technicians

Membership Renewal January 1 – December 31	
Individual Member:	
Pharmacist Member	\$ 195.00
Pharmacist, 1 st year graduate	\$ 100.00
Associate Member	\$ 125.00
Pharmacy Technician	\$ 50.00
Pharmacy Student	\$ 25.00
Check/circle : One Time Only (or)	
For Annual Automatic Renewal	
Effective, _____ I authorize AkPhA to	
renew my annual membership and to bill the	
credit card indicated below each year until I	
notify AkPhA otherwise.	
Signature: _____	

Pharmacy/Corporate Membership:	
Corporate Member (non voting)	\$1,500.00
Business Member (non voting)	\$ 250.00

FEES	
Registration Fees	\$ _____
Sat. Reception /Awards Ticket @ \$25	
Spouse & 1 day registrants	\$ _____
Membership Fees	\$ _____
Donation (Legis/Scholarship)	\$ _____
NOTE: Saturday Reception/Awards ticket is	
included with 2 & 3 day registration.	
OVERALL TOTAL	\$ _____
Charge to: Visa /MC	CVV# _____
# _____	Exp _____
Signature: _____	
<i>Checks payable to: AkPhA</i>	
203 W. 15 th Ave. #100	
Anchorage, AK 99501	
Ph# (907) 563-8880 FAX (907) 563-7880	

**AkPhA is accredited by the Accreditation Council
 for Pharmacy Education as a provider of
 continuing pharmacy education.**

