

Student Pharmacist Registration Form

MPA Annual Convention & Exposition
Feb. 26-28, 2016, Marriott Hotel at the Renaissance Center, Detroit



M I C H I G A N P H A R M A C I S T S A S S O C I A T I O N

STEP 1 Registrant Information

Please complete Convention registration information below. 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 ☐ U-M ☐ WSU ☐ Other _____

Year: ☐ P1 ☐ P2 ☐ P3 ☐ P4 _____

Mailing Address _____

City/State/Zip _____ ☐ Home ☐ Work

Home Phone _____ Work Phone _____

Fax _____ E-mail _____

STEP 2 Student Pharmacist Registration

Please indicate which type of registration you require. **Pre-registration will close at 4:30 p.m. on Monday, Feb. 15, 2016; therefore, registration forms must be received by MPA (fax or postmark) before that date and time.** After Feb. 16, 2016, 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. 15 Onsite
- ☐ SMPA Member ☐ Complimentary ☐ \$10
- ☐ Nonmember ☐ \$20 ☐ \$30

Circle days attending: FRIDAY, 2/26 SATURDAY, 2/27 SUNDAY, 2/28

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
<input type="checkbox"/> Friday-Sunday Breakfast Hosted by Michigan Pharmacy Foundation <i>Purchase coffee and pastries for all three mornings of the Convention. Pre-registration is necessary.</i>	\$10	\$10	\$ _____
<input type="checkbox"/> Friday Student Pharmacist Social <i>Limited to student pharmacists and other individuals by invitation only. Pre-registration is necessary.</i>	Complimentary	\$10	\$ _____
<input type="checkbox"/> Saturday MSHP Student Pharmacist Luncheon <i>This luncheon is complimentary to members only. Pre-registration is necessary.</i>	Complimentary	N/A	\$ _____
<input type="checkbox"/> Saturday Annual Banquet <i>For student pharmacists who wish to attend the Annual Banquet and aren't eligible to participate in the MPF Adopt-a-Student program. Pre-registration is necessary.</i>	\$85	\$85	\$ _____

NOTE: If you are a SMPA member and you would like to participate in the Michigan Pharmacy Foundation Adopt-a-Student program, you must complete registration at www.MichiganPharmacists.org/events/calendar/convention16 and select the "MPF Adopt-a-Student - Student Registration" session in Step 2. This registration will be available through 4:30 p.m. on Jan. 25, 2016. In addition, you must provide your practice area of interest; a short biography about yourself (one paragraph or 4-5 sentences), including your professional goals and why you chose pharmacy as your career path; and a high-resolution headshot photograph to MPA@MichiganPharmacists.org no later than Jan. 25, 2016.

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
<input type="checkbox"/> Friday Michigan Pharmacy PAC Luncheon	\$50	\$50	\$ _____

Total Step 5 \$ _____

STEP 5 Specific Requests

Special Needs

- ☐ ASL Interpreter ☐ Brailled Material ☐ Other (please specify) _____

This meeting facility meets the criteria of the Americans with Disabilities Act.

Dietary

- ☐ Vegetarian (please specify restrictions) _____ ☐ Other (please specify) _____

Cancellation and Refund Policy

All requests for refunds must be received in writing by Feb. 1, 2016 (postmark or fax date). Cancellations or registration modifications resulting in a refund received from Feb. 2 through Feb. 15, 2016, will be assessed a \$50 administrative fee. Cancellations after Feb. 15, 2016, 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 7 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:
Michigan Pharmacists Association
408 Kalamazoo Plaza, Lansing, MI 48933
FAX (517) 484-4893 (credit card payment only)
www.MichiganPharmacists.org/events/calendar/convention16

Full payment must accompany the registration form. Incomplete registrations or registrations with partial payment will not be processed. A confirmation e-mail verifying receipt of your registration form will be sent if an e-mail address is provided. Or, send a self-addressed, stamped envelope to receive confirmation by mail. Confirmations will be sent within 15 business days of receipt of registration form.

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.

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