

Associate Purchasing Registration

Individual Registration Form

Registration Instructions

The Associate Purchasing Form is intended for employees of non-retail companies attending the conference in a purchasing capacity. If you are attending in a sales capacity, please use the **Associate/Supplier Registration Form**. If you are affiliated with a chain member company or a company which operates retail stores/pharmacies, please use the **Chain/Retailer Registration Form**.

Online Registration

Online registration is available at www.RxConference.org. Select "Register", then "Register Online."

Fax or Mail

If you wish to fax your registration and pay by credit card, or if you intend to mail your registration and pay by check or credit card, please complete this registration form. Please make all checks payable to NACDS. You may photocopy this form for additional registrants.

Fax form with the necessary credit card information to (703) 683-5678.

Mail forms to:

NACDS
P.O. Box 34814
Alexandria, VA 22334-0814

Mail your forms via the U.S. Postal Service First Class, Priority Mail or Express Mail only. Other overnight delivery services (FedEx, UPS, etc.) cannot deliver to this address.

Spouse/Companion Registration

Includes all business and social activities for your spouse/companion with the exception of the Exhibit Hall. Spouse/Companions will not be given access to the Exhibit Hall.

Registration Questions

Please contact the NACDS Registration Department at registration@nacds.org.

Registration Fee

Members (Associate)	\$1,075
Non-Members	\$2,050

Note: Your registration fee includes all business and social activities.

Cancellations for this meeting must be made in writing to NACDS. Registration cancellations received prior to June 1, 2012, will be refunded less a \$250 administrative fee per registrant. Registration fees for cancellations after June 1, 2012, are non-refundable.

Federal Tax ID# 13-5582579

Individual Completing Form

Name: _____
 Title: _____
 Telephone: _____ Ext.: _____
 Email Address: _____





Registrant Information

Company Name: _____
 Dr. Mr. Ms. Mrs. First Time Attending? Y N
 Full Name: _____
 Nickname (for badge): _____
 Title: _____
 Phone: _____ Ext. _____
 Fax: _____
 E-mail: _____
 Address 1: _____
 Address 2: _____
 City: _____ State/Province: _____
 Zip/Mail Code: _____ Country: _____

Spouse/Companion Information

Spouse/Companion Name: _____
 Spouse/Companion Nickname (for badge): _____
 Spouse/Companion E-mail: _____

Registration Payment Information

Payment Method Credit Card Check
 Credit Card Payment:    
 Credit Card #: _____
 Exp. Date: _____
 Card Identification # (CVV2)(Visa, MasterCard and Discover: 3 digits on back-American Express: 4 digits on front): _____
 Authorized Purchase Amount: _____
 Cardholder's Name: _____
 Cardholder's Signature: _____

Please see the next page for emergency contact, hotel reservation and important website information.

FOR NACDS USE ONLY	Date	Amount	Check #
--------------------	------	--------	---------

Associate Purchasing Registration

Emergency Contact, Hotel & Website Information



Name of Registrant _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Hotel Information

Would you like to make your hotel reservation through the NACDS Housing Bureau? (Please select one.) Yes No
If yes, please continue to read the hotel information below.

NACDS is the official housing bureau for the Pharmacy & Technology Conference. Once NACDS has processed this registration form, the registrant will receive an Event Registration Confirmation email from registration@nacds.org containing a personalized link to the NACDS Housing Bureau. Note: This personalized link will secure housing for the registered attendee only and cannot be used to secure reservations for others.

Reservations will be taken on a first come-first served basis. Please make your hotel reservation as soon as possible. The hotel cut-off date is **Wednesday, July 25, 2012**. After this date, NACDS cannot guarantee hotel room rates and availability.

Please note all hotels are within walking distance of the Colorado Convention Center.

Embassy Suites Denver – Downtown Convention Center	\$209.00* Single Occupancy/\$224.00* Double Occupancy
Hilton Garden Inn – Denver Downtown	\$224.00* Single or Double Occupancy
Hyatt Regency Denver	\$244.00* Single or Double Occupancy

**Rates are exclusive of applicable state and local taxes.*

Hotel confirmations will be sent from the NACDS Housing Bureau upon completion of your booking and will include a confirmation number and website link to make any changes. After **Wednesday, July 25, 2012**, you will need to contact your assigned hotel directly in order to change your reservation.

Hotel Cancellation Policy

All NACDS Pharmacy & Technology Conference hotels require a first and last night's deposit which may be charged to the credit card provided as early as **Wednesday, July 25, 2012**. No refunds will be available for changes or cancellations made after this date.

Housing Questions

Please contact the NACDS Housing Bureau at (703) 837-4301.

Website Information

Selected areas of the 2012 Pharmacy & Technology Conference website will be accessible to conference registrants only; this includes a list of participating companies and an advance registration list.

Your login information will be activated once your registration has been processed and your registration confirmation has been sent.

Your username is your email address. If you do not know your password, or have not set up a password, you can use the "Forgot Password" function to reset it.

Online registration is available at
www.rxconference.org

Associate Purchasing Registration

Product Category Identification

You must complete one form for each registrant. Please make sufficient copies. Please Print or Type.

Registrant's Name: _____ Title: _____

Company: _____

Product Category Identification

Please check the appropriate box(es) to indicate the groups of products or services for which you have buying power and/or supervisory responsibility. Choose Brand Name and/or Private Label for each applicable product. The responses provided below will be used to indicate your area(s) of responsibility on the conference website.

BRAND NAME	PRIVATE LABEL		BRAND NAME	PRIVATE LABEL	
		Health Care/OTC			Pharmacy Operations Equipment and Services - continued
<input type="checkbox"/>	<input type="checkbox"/>	Air Cleaners	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Clinical/Marketing Programs
<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Compounding Products and Services
<input type="checkbox"/>	<input type="checkbox"/>	Analgesics (External)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Computer Dispensing/Patient Care Management Systems
<input type="checkbox"/>	<input type="checkbox"/>	Analgesics (Internal)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Computer Hardware
<input type="checkbox"/>	<input type="checkbox"/>	Contraception/Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Database and Information Vendors
<input type="checkbox"/>	<input type="checkbox"/>	Cough and Cold	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Drive-thru Window Suppliers
<input type="checkbox"/>	<input type="checkbox"/>	Diet Aids	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Integrated Voice Response Systems
<input type="checkbox"/>	<input type="checkbox"/>	Digestives/Antigas/ Antidiarrheal	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Inventory Management Systems
<input type="checkbox"/>	<input type="checkbox"/>	Dose Aids	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Point-of-Sale (POS)
<input type="checkbox"/>	<input type="checkbox"/>	Ear Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Prescription Claim Clearinghouses (Switch Companies)
<input type="checkbox"/>	<input type="checkbox"/>	Ear Medications	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Prescription Processing Supplies and Containers
<input type="checkbox"/>	<input type="checkbox"/>	Eye/Contact Lens Care	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Professional Education/Continuing Education Service Provider
<input type="checkbox"/>	<input type="checkbox"/>	First Aid/Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Repackaging Equipment and Services
<input type="checkbox"/>	<input type="checkbox"/>	Foot Care	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Reverse Distribution
<input type="checkbox"/>	<input type="checkbox"/>	Health Care Appliances	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Services-Other
<input type="checkbox"/>	<input type="checkbox"/>	Humidifiers	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Staffing Agencies
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence Products	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy/Physician Connectivity Vendors
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Adult Nutritionals			Pharmacy Products
<input type="checkbox"/>	<input type="checkbox"/>	Ointments	<input type="checkbox"/>	<input type="checkbox"/>	Biotechnology Pharmaceuticals
<input type="checkbox"/>	<input type="checkbox"/>	Pediculicides and Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Brand Name Pharmaceuticals
<input type="checkbox"/>	<input type="checkbox"/>	Sleep Aids	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic Care (Medicines)
<input type="checkbox"/>	<input type="checkbox"/>	Smoking Cessation Products	<input type="checkbox"/>	<input type="checkbox"/>	Generic Pharmaceuticals
<input type="checkbox"/>	<input type="checkbox"/>	Sports Nutritionals	<input type="checkbox"/>	<input type="checkbox"/>	Patient Compliance Devices
<input type="checkbox"/>	<input type="checkbox"/>	Thermometers	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Consumer Healthcare Publications
<input type="checkbox"/>	<input type="checkbox"/>	Vaporizers			Services
<input type="checkbox"/>	<input type="checkbox"/>	Vitamins, Minerals, and Supplements	<input type="checkbox"/>	<input type="checkbox"/>	Database and Information Vendors
<input type="checkbox"/>	<input type="checkbox"/>	Women's Health/Feminine Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Financial/Inventory Management/Computer Systems
		Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources/Personnel
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic Care (Supplies and Devices)	<input type="checkbox"/>	<input type="checkbox"/>	In-Store Marketing
<input type="checkbox"/>	<input type="checkbox"/>	Durable Medical Equipment (Bath Safety/Mobility Aids)	<input type="checkbox"/>	<input type="checkbox"/>	Marketing/Consulting Services
<input type="checkbox"/>	<input type="checkbox"/>	Home Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Part D
<input type="checkbox"/>	<input type="checkbox"/>	Home Health Care-Other Supplies and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Point-of-Purchase Displays/Store Fixtures
<input type="checkbox"/>	<input type="checkbox"/>	Home Infusion Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Logistics Provider
<input type="checkbox"/>	<input type="checkbox"/>	Ostomy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Store Fixtures and Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Sports Wraps, Supports, Trusses, and Elastic Stockings	<input type="checkbox"/>	<input type="checkbox"/>	Store Protection/Security
		Personal Care/HBC	<input type="checkbox"/>	<input type="checkbox"/>	Trade Magazines
<input type="checkbox"/>	<input type="checkbox"/>	Oral Hygiene			
<input type="checkbox"/>	<input type="checkbox"/>	Skin Care Products and Lotions (Female)			
<input type="checkbox"/>	<input type="checkbox"/>	Skin Care Products and Lotions (Male)			
		Pharmacy Operations Equipment and Services			
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Automation			
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy B2B E-Commerce Products and Services			
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Benefit Management Services			
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Care/Disease State Management Companies			