

**REGISTRATION** 136<sup>th</sup> Annual Conference & Trade Show • April 4 - 6 , 2014 • Greater Columbus Convention Center, Columbus, Ohio

Name \_\_\_\_\_ Nickname for Badge \_\_\_\_\_  
 NABP e-Profile ID \_\_\_\_\_ Birthdate (MMDD format) \_\_\_\_\_  
 Preferred Mailing Address  Home  Work \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**FULL REGISTRATION RATES**

	<u>by 2/27/14</u>	<u>by 3/31/14</u>	<u>Onsite</u>	
Discounted Member	\$269	\$299	\$329	\$ _____
Non-Member <i>*special includes discounted conference and 2014 OPA membership</i>	\$424	\$454	\$484	\$ _____
Pharmacy Resident <input type="checkbox"/> PGY1 <input type="checkbox"/> PGY2	\$124	\$154	\$184	\$ _____

Full registration includes admission to all Friday, Saturday and Sunday CE Programs, handout materials, Trade Show, meals and breaks. Registration for the PAC breakfast is separate.

**ONE DAY REGISTRATION RATES**

DISCOUNTED MEMBER	<u>by 2/27/14</u>	<u>by 3/31/14</u>	<u>Onsite</u>	
Friday	\$144	\$164	\$185	\$ _____
Saturday	\$144	\$164	\$185	\$ _____
Sunday	\$84	\$104	\$125	\$ _____
NON-MEMBER	<u>by 2/27/14</u>	<u>by 3/31/14</u>	<u>Onsite</u>	
Friday	\$199	\$209	\$230	\$ _____
Saturday	\$199	\$209	\$230	\$ _____
Sunday	\$139	\$159	\$180	\$ _____
PHARMACY RESIDENT <input type="checkbox"/> PGY1 <input type="checkbox"/> PGY2	<u>by 2/27/14</u>	<u>by 3/31/14</u>	<u>Onsite</u>	
Friday	\$84	\$104	\$125	\$ _____
Saturday	\$84	\$104	\$125	\$ _____
Sunday	\$44	\$64	\$85	\$ _____

One day registration includes admission to CE Programs, handout materials, Trade Show, meals and breaks.

**Special Dietary Requirements**

Vegetarian  Other requests are subject to an additional \$10/meal charge  
 Request: \_\_\_\_\_ \$ \_\_\_\_\_  
 If physically impaired, indicate assistance needed. \_\_\_\_\_

**SPOUSE/GUEST EVENT REGISTRATION**

Spouse/Guest indicate all events you plan to attend.

Friday – Awards Luncheon	\$21 x # _____	= \$ _____
Friday – Dinner/Show	\$33 x # _____	= \$ _____
Saturday – Trade Show Lunch	\$16 x # _____	= \$ _____
Saturday – President’s Banquet	\$36 x # _____	= \$ _____

Spouse/Guest Name (for badge) \_\_\_\_\_

**REGISTRATION DEADLINES**

February 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**PAC BREAKFAST**

Minimum contribution for PAC Breakfast is \$100/person. Please write a separate check payable to “Pharmacy PAC.” No corporate checks please.

\_\_\_\_\_ I will attend the PAC Breakfast \$ \_\_\_\_\_  
 \_\_\_\_\_ I would like to sponsor a student(s) – \$50 \$ \_\_\_\_\_  
 \_\_\_\_\_ I cannot attend, contribution enclosed \$ \_\_\_\_\_

**PAYMENT**

**Register online** at [www.ohiopharmacists.org](http://www.ohiopharmacists.org) OR  
 Make check payable to: Ohio Pharmacists Association  
 And mail to: 2674 Federated Blvd, Columbus, Ohio 43235  
 OR fax with credit card information: 614-389-4582  
 OR call with credit card information: 614-389-3236

Total Remitted \$ \_\_\_\_\_  
 MasterCard  VISA  Check

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Sec. Code \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Requests for conference registration refunds, less \$15 administrative fee, will be honored if received by 3/31/14. A confirmation letter will be mailed or emailed upon receipt of registration.*

**\*SPECIAL MEMBERSHIP CONFERENCE PACKAGE**

New members will enjoy OPA member benefits such as the bi-weekly *Ohio Pharmacy Newslines* email and legislative action alerts; the monthly *Ohio Pharmacist* journal with home study continuing education, including State Board-approved pharmacy law; member-only access to the website, and much more. Check it out at [www.ohiopharmacists.org](http://www.ohiopharmacists.org). Please fill in the information below.

College Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Ohio Pharmacist License # \_\_\_\_\_

Membership dues may constitute an ordinary and necessary business expense, but are not considered a charitable deduction. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that OPA engages in state or federal lobbying. The non-deductible portion for 2014 is 15%.