

# Registration Form

## Instructions:

Please complete the following registration information, photocopy both pages for your records, then fax or mail both pages. Or you may log on to the CPNP website at [cpnp.org/ed/meeting/2010](http://cpnp.org/ed/meeting/2010) to register online using a credit card.

## Three Ways to Register:

1. Online on our secure web site at: [cpnp.org/ed/meeting/2010](http://cpnp.org/ed/meeting/2010)
2. Fax registration with credit card information to: 402-476-1677
3. Mail registrations form with credit card information, check or money order payable to CPNP. (Checks must be drawn on a US bank in US funds) CPNP, 8055 O St., Ste. S113, Lincoln, NE 68510

## Registrations will not be accepted via telephone.

Institutions sending 10 or more individuals to the 2010 Annual Meeting can benefit from reduced registration rates for non-member attendees. Please contact CPNP for more information.

Your Name: \_\_\_\_\_

## Registration Options

See Registration options at: <http://cpnp.org/ed/meeting/2010/registration>

**Note: Non-member full registration includes complimentary 14-month membership for Active and Associate membership categories**

## Pre-Meeting Workshop Registration

Sunday, April 18, 2010	Member	Non-Member
Early (on or before March 21, 2010)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$120
Late (after March 21, 2010)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175

## Annual Meeting Full Registration

Full Registration Fee		
Early (on or before March 21, 2010)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$570
Late (after March 21, 2010)	<input type="checkbox"/> \$535	<input type="checkbox"/> \$655

Fellow/Resident Registration		
Early (on or before March 21, 2010)	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215
Late (after March 21, 2010)	<input type="checkbox"/> \$255	<input type="checkbox"/> \$255

Pharmacy Student Registration		
Early (on or before March 21, 2010)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Late (after March 21, 2010)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

## Sponsor Required for Student Registration Only

Sponsor Name: \_\_\_\_\_

Sponsor Organization: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

## Annual Meeting Partial Registration

	Member		Non Member	
	Early (Before 3/21)	Late (After 3/21)	Early (Before 3/21)	Late (After 3/21)
Sunday PM	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$205
Monday	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$345
Tuesday	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$345
Wednesday AM	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$205

## Concurrent Sessions Attending

If applicable, check the session you will attend in each time slot. See Schedule at: <http://cpnp.org/ed/meeting/2010/schedule>

### Monday PM

- 1:30-2:30 PM  Treatment Resistant Depression  
 Platform Presentations  
 In-Utero Exposure to Psychotropics

2:45-3:45 PM

- Role of Folate  
 Platform Presentations  
 Traumatic Brain Injury

5:45-6:45 PM

- Special Interest Groups  
 Administrators, Directors, Managers  
 Canadian Pharmacists  
 State Hospital Pharmacists  
 New Practitioners, Residents, Fellows  
 Veteran Affairs Pharmacists

### Tuesday PM

2:15-3:15 PM

- HIV  
 Genetic Epidemiology

4:45-5:45 PM

- Issues of the Day Roundtables

## Additional Annual Meeting Purchases

### Purchase Terry Wise Book On-Site

(Payments accepted on-site only)

- Yes  No

### CPNP Fiesta (Tuesday, April 20)

Meeting Attendee  
 Guest

- | Early<br>(Before 3/21)         | Late<br>(After 3/21)           |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> \$40  | <input type="checkbox"/> \$55  |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$125 |

Guest Name: \_\_\_\_\_

### CPNP Walks for NAMI (Wednesday, April 21)

Meeting Attendee  \$20  
 (Full fee goes to NAMI as a donation)

## Other CPNP Products and Services

	Member	Non-Member
BCPP Live Programming	<input type="checkbox"/> \$80	<input type="checkbox"/> \$115
I plan to complete the programming	<input type="checkbox"/> In San Antonio	<input type="checkbox"/> Online

*Note: You must also register for the Annual Meeting to attend the recertification programming live.*

BCPP Literature Analysis  \$160  \$230

### BCPP Examination Review and Recertification Course

(Both options include workbook and online presentation access)

No Credit (No ACPE or Recertification Credit)  \$150  \$150  
 For Credit (20.0 contact hours of BCPP recertification and ACPE Credit)  \$320  \$460

### CPNP Membership Renewal 2010-2011

(Current member renewal only 7/1/10-6/30/11)  \$120  N/A

# Registration Form

## Registration Information (please complete all fields)

Name: \_\_\_\_\_

### Advanced Degrees/Certifications (check all that apply):

- BSP Pharm     BCPP     BCPS     CGP  
 FCCP     FASHP     MS Pharm     MBA  
 MPH     PharmD     PhD     RPh  
 Other \_\_\_\_\_

Preferred Mailing Address:     Work     Home

Organization \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_

Work City/State/Country/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/Country/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

First Time Annual Meeting Attendee?     (Check if Yes)

Age Range:     20-29 years     30-39     40-49  
                   50-59     60 and over

### Primary Work Function (Select One):

- Administrator/Director/Manager     Clinical Pharmacist  
 Community Pharmacist     Student/Intern  
 Consultant Pharmacist (TLC, other)     Resident/Fellow  
 Med Communications/Sci Affairs     Researcher/Scientist  
 Teacher/Academician     Staff Pharmacist  
 Other (describe) \_\_\_\_\_

### Academic Appointment:

- Non-Tenure Track Faculty     Adjunct Faculty  
 Tenure Track Faculty     None

## Purchases

Pre-Meeting Workshop    \$ \_\_\_\_\_

Annual Meeting    \$ \_\_\_\_\_

Additional Meeting Purchases    \$ \_\_\_\_\_

Other Products/Services    \$ \_\_\_\_\_

**Total**    \$ \_\_\_\_\_

Check or Money Order (Must be US bank/funds and payable to CPNP)

Mastercard     Visa     American Express

Account #

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_    CVV Code \_\_\_\_

Name on Card (please print)

Billing Address (please print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

For special accommodations, contact Jessica Frink at info@cpnp.org

## Member Renewal and Nonmember Bonus Membership

Renewing CPNP members, please update your information below. If you are not a current member of CPNP and have registered for the Full Annual Meeting, you are eligible for a complimentary 14-month CPNP Active or Associate membership effective May 1, 2010. Simply check this box and provide the information requested if you would like to become a member. Welcome to CPNP!

**Nonmember meeting registrant:** Yes, please apply the registration fee to my new CPNP membership

### I am a:

- Licensed Pharmacist (Active Member)  
 Pharmacy School Student  
 Resident/Fellow  
 Licensed Health Care Professional  
(not a pharmacist - Associate Member)

### Residency-Fellowship Completed (check all that apply):

- Pharmacy Practice Residency  
 Psychiatric Pharmacy Practice Residency  
 Neurologic Pharmacy Practice Residency  
 Fellowship  
 None  
 Other: \_\_\_\_\_

### Are you currently participating in or conducting research:

- Yes     No

### Primary Practice Locale (select one):

- College of Pharmacy     College of Medicine  
 Community Hospital     Contract Research Org  
 Govt Hospital-State     Govt Hospital-VA  
 Govt-Other     Home Health Care  
 Hospice     Long-Term Care  
 Managed Care     Mental Health-Public  
 Mental Health-Private     Pharmaceutical Industry  
 Primary Care Clinic     University Hospital  
 Other (describe): \_\_\_\_\_     NA/Student

### Your Specialties (check all that apply):

- Geriatrics     MRDD     Women's Health  
 Pediatrics     Psychiatry     Substance Abuse  
 Neurology     NA/Student     Other: \_\_\_\_\_

### I approve the following information being displayed on the member protected CPNP website directory

(check all that apply):

- Email     Phone     Specialties  
 Address     Employer

### Communication Preferences:

CPNP occasionally makes available its members' addresses (excluding telephone and email) to vendors who provide products and services pertinent to the membership. If you prefer to be included in these lists, please check this box.

I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications sent by or on behalf of CPNP (please check box)

CPNP occasionally receives request to recommend speakers to various groups such as NAMI chapters. If you would like your information released, please check this box.

I wish to subscribe to the CPNP email list. If yes, check this box.