

REGISTRATION

Registration Deadline: May 7, 2012

The Utah Pharmacists Association

120th Annual Convention & Exhibit Hall

May 17th - May 19th, 2012 • Dixie Center • St. George, UT

1 PARTICIPANT INFORMATION
Name: _____
Badge Name: _____
Spouse / Guest: _____
Mailing Address: _____
City, State, Zip: _____
Phone: (H) _____ (W) _____
E-Mail: _____

2 FULL ATTENDEE REGISTRATION																												
Full Attendance includes all 14 hours of CE, Exhibit Hall, Printed Reference Materials, Awards Banquet, and all Meals and Breaks.																												
<table border="1"> <thead> <tr> <th>Thursday, Friday, & Saturday Full CE Registration</th> <th>Before Apr. 30</th> <th>After Apr. 30</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Member Pharmacist</td> <td>\$299</td> <td>\$339</td> <td>\$</td> </tr> <tr> <td>Member Technician</td> <td>\$189</td> <td>\$229</td> <td>\$</td> </tr> <tr> <td>Non-Member Pharmacist*</td> <td>\$449</td> <td>\$489</td> <td>\$</td> </tr> <tr> <td>Non-Member Technician*</td> <td>\$239</td> <td>\$279</td> <td>\$</td> </tr> <tr> <td>Pharmacy Student</td> <td>\$130</td> <td>\$170</td> <td>\$</td> </tr> <tr> <td>Spouse / Guest (No C.E.)</td> <td>\$130</td> <td>\$170</td> <td>\$</td> </tr> </tbody> </table>	Thursday, Friday, & Saturday Full CE Registration	Before Apr. 30	After Apr. 30	Amount	Member Pharmacist	\$299	\$339	\$	Member Technician	\$189	\$229	\$	Non-Member Pharmacist*	\$449	\$489	\$	Non-Member Technician*	\$239	\$279	\$	Pharmacy Student	\$130	\$170	\$	Spouse / Guest (No C.E.)	\$130	\$170	\$
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3 DAILY CE REGISTRATION-PLEASE SEE SECTION #6 FOR THURSDAY-ONLY REGISTRATION OPTION.																												
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4 MEAL SELECTION
All meals are included with Full Attendee Registration, Friday and Saturday Registrations respectively, but we need to know if you intend to eat these meals or if you have other plans. Please indicate below which meals that you will be attending and understand that if you do not check a meal, that we will not reserve that meal for you.
<input type="checkbox"/> Thurs. Awards Banquet <input type="checkbox"/> Fri. Wholesaler's Dinner
<input type="checkbox"/> Friday - Breakfast <input type="checkbox"/> Saturday - Breakfast
<input type="checkbox"/> Friday - Lunch <input type="checkbox"/> None Needed

5 SPECIAL EVENTS REGISTRATION												
The events listed below is not included in any Registration Package and must be purchased individually, in advance.												
<table border="1"> <thead> <tr> <th></th> <th>Quantity</th> <th>Price</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CPR & First Aid Training <i>AM or PM</i></td> <td></td> <td>@ \$35</td> <td></td> </tr> <tr> <td>Golf Tournament</td> <td></td> <td>@ \$110</td> <td>\$</td> </tr> </tbody> </table>		Quantity	Price	Amount	CPR & First Aid Training <i>AM or PM</i>		@ \$35		Golf Tournament		@ \$110	\$
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Golf Tournament		@ \$110	\$									
18 holes of Championship Golf at Sunbrook, Cart, Lunch, and Prizes for each golfer are included. To finalize foursome assignments, contact our Golf Coordinator, Evan Stapley at Stapley Pharmacy (435) 673-3575.												

6 ADDITIONAL TICKETS FOR GUESTS AND OPTION OF THURSDAY'S CE, EXHIBIT HALL & BANQUET																					
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7 CONTRIBUTIONS
Each Association Function could use your help. Political Action costs money along with investing in the future of our profession.
<input type="checkbox"/> PAC Fund Amount \$ _____
<input type="checkbox"/> UPhA Scholarship Fund Amount \$ _____
<input type="checkbox"/> Adopt-A-Student Program Amount \$ _____

8 PAYMENT	Total Enclosed \$ _____
<input type="checkbox"/> Check (to UPhA) <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> DISC	# _____
Security Code: _____ Exp. Date: _____	
Signature: _____	

Send to 1125 S. Blackhawk Blvd. Ste. B; Mt. Pleasant, UT 84647
 Phone (435) 462-5323 FAX (435) 462-5325 Web www.upha.com
 e-mail: upha@upha.com or dona.russell@upha.com