

REGISTRATION FORM

TWO-DAY REGISTRATION
Includes Exhibitor Hall, Lunch, Snacks

Prior to August 15th, 2018 Member \$129.00 Nonmember \$149.00
 Pharmacy Technician Student \$129.00

Fees increase \$50 after August 15th

Registration closes on August 25th

Registrations will not be taken at the door. Registration prior to August 25th is required to attend.

CONVENTION IS HELD AT HYATT PLACE NIAGARA FALLS.

Hotel rooms must be reserved by August 13th to be eligible for the \$129 Convention Rate
Reserve early. Limited rooms available at this rate.

HYATT PLACE NIAGARA FALLS
310 RAINBOW BLVD, NIAGARA FALLS, NY 14303
PHONE: (716) 839-4000 OR 716-285-5000 | FAX: (716) 839-3700
WWW.HYATTPLACENIAGARAFALLS.COM

Name:								
Address:								
City:					State:		Zip:	
Phone:		Email:						
AAPT Membership Exp.Date:		NABP #:		DOB (day & month only):				

CERTIFYING ENTITY: PTCB ExCPT NE-CPht NOT CERTIFIED OTHER: _____

WORK SETTING: Inpatient Community Outpatient LTC Infusion PBM Nuclear Veterinary
 Oncology Specialty Non-Sterile Compounding Other: _____

Important Note: AAPT is not responsible for lost or stolen items. By registering for this event you agree to release and hold harmless AAPT from and against all liabilities. **Photo/film release:** Photographs/film may be used of you in publications including electronic publication or audiovisual presentations, promotional literature, advertising or in other similar ways. By registering for this event you authorize photo/film release of your image.

METHOD OF PAYMENT Total amount enclosed: \$ _____

Check payable to AAPT (Returned check fee \$25) Money Order (checks must be drawn on US bank)
 Credit Card (**a 2.19% processing fee will be added to credit card purchases**)
 Visa MasterCard American Express

Card #:				Exp.Date (MM/YY):			CVV:			
Address:										
City:					ST:			Zip:		
Signature:										

(Refunds must be approved by AAPT Executive Board and subject to a \$25 Admin. Fee. No Refunds after July 15, 2018)

RETURN COMPLETED REGISTRATION & PAYMENT TO:

AAPT Convention 2018
P.O. Box 391043
Omaha, NE 68139
OR register online at www.pharmacytechnician.com

For Questions, please contact:

president@pharmacytechnician.com OR
nevilleaapt@gmail.com