



Registration Form

Name – as it should appear on your name badge _____ Employer _____

Mailing Address _____ City / State / Zip _____

Email Address _____ Phone _____

Please let us know if you have dietary allergies or restrictions _____

Registration fee includes continuing education credits and all meals for registrant. Guest meals may be purchased with registration. Early registration and registration fees are as follows:

****Note: If you are not a member you will receive non-member rates. ****

Member Type	Early Registration Member To 12/31	Member After 12/31	Early Registration Non-member To 12/31	Non-member After 12/31	Saturday only Early Registration Member	Saturday only Non-member
Pharmacist	\$315	\$365	\$510	\$560	\$255	\$450
Pharmacist- Resident	\$150	\$175	\$510	\$560	\$100	\$450
Pharmacy Technician	\$130	\$155	\$510	\$560	\$65	\$450
Student	\$50	\$50	\$50	\$50	\$50	\$50

Optional: I would like to donate to student registration costs for this meeting in the amount of \$_____

Saturday Night Octapharma Sponsored Dinner (free). Yes, I will attend No, I won't attend

Will a guest be attending meals with you? Yes No

If yes, please provide a name for badge. _____

Meal tickets for your guests are:

- Friday Dinner -- \$65 Saturday Breakfast -- \$30 Saturday Lunch -- \$30
- Saturday Sports Event -- \$25 Sunday Breakfast -- \$20

Total fees (registration, guest meals, optional donations) are _____ \$_____

Make check payable to MPA and mail to PO Box 1569, Helena, MT 59624
For Conference updates. Go to www.rxmt.org - CE/Events - Winter CE Conference.

Cancellations / Refund Policy Full refunds will be available for cancellation of registrations made by December 13. MPA will retain a \$50 administrative fee for cancellations between December 14 and January 3. Cancellations after January 5 and no-shows are not eligible for refund. Substitute registrations are always available.

Questions? Contact Deedee at 406-449-3843 or dgrubbs@montana.com