

Registration Form

2009 Pediatric Pharmacy Conference and 18th PPAG Annual Meeting

Renaissance Cleveland Hotel
Cleveland, Ohio
September 24-27, 2009

REGISTRATION OPTIONS

1. MAIL REGISTRATION. Complete this form and mail to: PPAG Meeting Services, 7975 Stage Hills Blvd., Ste. 6, Memphis, TN. 38133, USA
2. PHONE REGISTRATION. Call 901-380-3617 Extension 201
3. FAX REGISTRATION. Fax completed form to 901-266-4751
4. ONLINE REGISTRATION. Go to: www.ppag.org/ac09

GENERAL INFORMATION

- The Deadline for Early Bird Registration is August 23, 2009.
- Full Registration includes all educational sessions, group meals, opening reception, and exhibit session.
- Full Non-member Registration fees include a one-year membership to PPAG (through 2010).
- **For refund information, please go to:**
www.ppag.org/ac09/registration_options

REGISTRATION CATEGORIES AND FEES

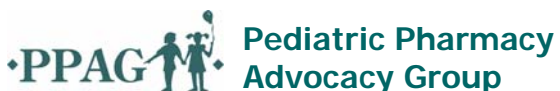
Please circle the appropriate fee.

	Early Bird 08/27/09	Regular 09/20/09	Onsite
Member	400.00	500.00	550.00
Non-Member	600.00	700.00	750.00
Resident Member	300.00	400.00	450.00
Resident Non-Member	385.00	485.00	535.00
Student Member	150.00	250.00	300.00
Student Non-Member	215.00	315.00	365.00
Guest/Spouse	200.00	200.00	200.00

Please circle appropriate Registration Add-on.

Program Booklet (Includes handouts) \$25.00
Preconference Symposium: Diabetes \$85.00

Please call PPAG for special one-day pricing.



REGISTRANTS INFORMATION

Name: _____

Name of guest attending: _____

Degree: _____

Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

**Registration Confirmation will be sent via email.*

PAYMENT INFORMATION

Payment Type

Please circle appropriate payment type

Check enclosed

Credit Card

Visa
Mastercard
American Express

Card #: _____ Exp. Date: _____

Total Amount Due: _____

Cardholder Signature: _____

Cardholder Printed Name: _____

Payment Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____