

# 2008 ANNUAL AkPhA CONVENTION

Marriott Downtown Anchorage, February 15 - 17

PRINT First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H phone \_\_\_\_\_ W phone \_\_\_\_\_ Fax \_\_\_\_\_

AK Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Recruited by: \_\_\_\_\_

<b>SECTION A</b>	
<b>Technician/Pharmacy Student</b>	
<b>REGISTRATION</b>	
Registration includes Friday reception.	
<b>Friday</b>	<b>\$35.00</b> _____
<b>Saturday</b>	<b>\$65.00</b> _____
<b>Sunday</b>	<b>\$65.00</b> _____
<i>Non member Add</i>	<b>\$50.00</b> _____
<b>LATE REGISTRATION FEE AFTER</b>	
<b>FEBRUARY 1</b>	<b>\$50.00</b> _____
<b>TOTAL Registration Fees</b> _____	

<b>Pharmacist/ Associate</b>	
<b>REGISTRATION</b>	
<b>Friday</b>	<b>\$ 55.00</b> _____
<b>Saturday</b>	<b>\$110.00</b> _____
<b>Sunday</b>	<b>\$110.00</b> _____
<i>Non Member Add</i>	<b>\$175.00</b> _____
<b>LATE REGISTRATION FEE AFTER</b>	
<b>FEBRUARY 1</b>	<b>\$ 50.00</b> _____
<b>TOTAL Registration Fees</b> _____	

No refunds will be issued after February 1, 2008  
A 50% refund may be requested prior  
to February 1, 2008

Marriott reservations (907) 792-2108 (or)  
800-228-9290  
Mention AkPhA convention for reduced room rate.

\* Dues and contributions are not deductible for income tax purposes, but may be deductible as ordinary business expenses, subject to IRS restrictions. AkPhA estimates that 47% of your dues dollar is non deductible because of AkPhA's lobbying activities on behalf of its members.

<i>To receive membership discount 2008 dues must be paid</i>	
<b>SECTION B</b>	
<b>Membership Renewal</b>	
(Membership is January 1 – December 31)	
Pharmacist Member	\$ 175.00
Pharmacist, 1 <sup>st</sup> year graduate	\$ 100.00
Associate Member	\$ 125.00
Technician	\$ 50.00
Pharmacy Student	\$ 25.00

<b>SECTION C</b>	
Legislative Fund Donation	\$ _____
Scholarship Donation	\$ _____
Miscellaneous Donation	\$ _____

<b>FEEES</b>	
Registration Fees (Section A)	\$ _____
Sat. Banquet /AwardsTicket @ \$35	
Spouse & 1 day registrants	\$ _____
*Membership Fees (Section B)	\$ _____
*Optional Donation (Section C)	\$ _____
<b>NOTE: Saturday Banquet/Awards ticket is included with 2 &amp; 3 day registration.</b>	
<b>OVERALL TOTAL</b>	<b>\$ _____</b>
Charge to: _____ Visa _____ MasterCard	
Card # _____	
Exp. _____	
<b>MAKE CHECKS PAYABLE TO: AkPhA</b>	
203 W. 15 <sup>th</sup> Ave. #100	
Anchorage, AK 99501	
Ph# (907) 563-8880 FAX (907) 563-7880	

Register On-Line At  
[www.alaskapharmacy.org](http://www.alaskapharmacy.org)