



ALASKA PHARMACISTS ASSOCIATION
55TH ANNUAL CONVENTION
Online via Zoom, February 12 – 14, 2021

First Name _____ Last Name _____ DOB: _____
 Address _____ City _____ State _____ Zip _____
 Place of Employment _____
 Work Address _____ City _____ State _____ Zip _____
 Home/Cell phone _____ Work phone _____ NABP e-profile ID _____
 AK Driver's License # _____ Email _____

CONVENTION REGISTRATION

Early bird pricing—register by January 31st to save up to \$30! No refunds issued after January 31st. A 50% refund may be requested prior to January 31st. To receive membership discount, 2021 dues must be paid. Registration closes completely at Noon on Wednesday, February 10th. **Registration also available online at www.alaskapharmacy.org**

	Pharmacist		Associate		Technician		Student	
Friday	\$ 36.00		\$ 36.00		\$ 24.00		\$ Free	
Saturday	84.00		84.00		54.00		Free	
Sunday	84.00		84.00		54.00		Free	
Non-Member Add	225.00		150.00		50.00		25.00	
After Jan 31st Add	30.00		30.00		20.00		20.00	
TOTAL FEES	\$		\$		\$		\$	



AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity is eligible for ACPE credit. See complete CPE activity announcement online. Target Audience: Pharmacists & Technicians.

ANNUAL MEMBERSHIP RENEWAL

Memberships are valid January 1 – December 31. 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 75% of your dues dollar is non deductible because of AKPhA's lobbying activities on behalf of its members. Renewal also available online.

Pharmacist \$ 225.00
 Pharmacist, 1st year graduate \$ 125.00
 Associate Member \$ 150.00
 Pharmacy Technician \$ 50.00
 Pharmacy Student \$ 25.00
 Business Membership \$ 300.00
 AKPhA Academy of Health-System
 Pharmacy Membership*—ADD:
 Pharmacist \$ 25.00
 Technician \$ 10.00

*Must be a current member of AKPhA

TOTAL FEES:	
Convention Registration	\$ _____
Membership Dues	\$ _____
Donation (Scholarship/Legislative/General)	\$ _____
OVERALL TOTAL	\$ _____
VS/MC/AMEX#: _____	
Exp Date _____	Security Code _____
Signature: _____	