

**Early Registration Deadline:  
February 28, 2021**

## Discounted Registration Deadline

**The deadline for discounted early registration is February 28, 2021.** Register by this date for the best value.

## Purchase Orders

A<sub>Ph</sub>A will accept purchase orders from federal government agencies and military institutions only. Purchase orders will be accepted via mail and fax only and must be submitted with a completed registration form. You must provide a credit card guarantee with your initial registration and purchase order. If the check isn't received within 30 days after the meeting, your credit card will be charged for the full amount.

## Cancellations

All registration cancellations must be received in writing. **No refunds will be made for cancellations received after March 5.** Ticketed event fees are non-refundable except when an event is cancelled by A<sub>Ph</sub>A.

## Ticketed Events

Registration is currently open for most ticketed events.

Thursday pre-meeting education courses have a separate registration fee and do NOT require Annual Meeting registration. Fees are non-refundable except when an event is cancelled by A<sub>Ph</sub>A.

## Changes & Corrections

To make changes or corrections to your registration, click on the appropriate link in the confirmation email. Changes and corrections may also be submitted to customer service at [infocenter@aphanet.org](mailto:infocenter@aphanet.org) through March 11.

## Nonmember Benefit

Register at the full 4-day nonmember rate and receive one year of A<sub>Ph</sub>A membership. When you register, you will automatically be enrolled as an A<sub>Ph</sub>A member on April 15, 2021. As such, non-member rates will apply for additional offerings and other activities offered at A<sub>Ph</sub>A2021. If you would like to receive the reduced member rate for A<sub>Ph</sub>A2021 and obtain member discounts on other A<sub>Ph</sub>A activities and products at the meeting, join A<sub>Ph</sub>A online at [pharmacist.com/join](http://pharmacist.com/join) before you register.

## Custom A<sub>Ph</sub>A Poster

The first 700 Full Pharmacist registrations will receive the custom A<sub>Ph</sub>A2021 Virtual Poster designed by artist Patrick O'Brien.

## How to Register

### Register Online:

[apha2021.pharmacist.com](http://apha2021.pharmacist.com)  
(credit cards only)

### Fax your form:

(844) 390-3782

### Mail your form with payment to:

American Pharmacists Association  
PO Box 931411  
Atlanta, GA 31193-1411

### Registration Questions:

202-628-4410  
[infocenter@aphanet.org](mailto:infocenter@aphanet.org)

## Registration Rate Package

### APhA ENGAGED PLUS Members

Federal Pharmacist	<input type="checkbox"/> \$249	<input type="checkbox"/> \$349
Pharmacist	<input type="checkbox"/> \$249	<input type="checkbox"/> \$349
New Practitioner/Postgraduate/Resident*	<input type="checkbox"/> \$149	<input type="checkbox"/> \$249
Technician	<input type="checkbox"/> \$129	<input type="checkbox"/> \$229

### APhA ENGAGED Members

Federal Pharmacist	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399
Pharmacist	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399
New Practitioner/Postgraduate/Resident*	<input type="checkbox"/> \$199	<input type="checkbox"/> \$299
Technician	<input type="checkbox"/> \$149	<input type="checkbox"/> \$249

### APhA INFORMED Members

Pharmacist	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
Technician	<input type="checkbox"/> \$169	<input type="checkbox"/> \$269

### Student Member

Student Member	<input type="checkbox"/> \$49	<input type="checkbox"/> \$149
Student Non-Member	<input type="checkbox"/> \$94	<input type="checkbox"/> \$199

### Non-Member

Federal Pharmacist	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399
Pharmacist	<input type="checkbox"/> \$558	<input type="checkbox"/> \$658
New Practitioner/Postgraduate/Resident*	<input type="checkbox"/> \$328	<input type="checkbox"/> \$428
Technician	<input type="checkbox"/> \$278	<input type="checkbox"/> \$378

### Exhibit Hall Only Registration

\$0

\*New Practitioners are pharmacists within their first five years of graduation from pharmacy school.

**Caution:** Creating multiple accounts can disrupt any online programs you've taken and verification of certifications or CE.

## Networking and Ticketed Events

### Networking Events

In addition to the core educational and networking events included as part of the conference registration fee, APhA is also offering a variety of networking and ticketed events. For more information, visit [apha2021.pharmacist.com](http://apha2021.pharmacist.com) and click on Schedule of Events.

#### Friday, March 12

##### Federal Pharmacy Forum

1:00 pm–5:00 pm

Fee: \$0

*(for federal pharmacists and technicians)*

##### Day of Science: Integrating Science Into Practice

1:00 pm–5:00 pm

Fee: \$0

##### The Women in Pharmacy Leadership Development Forum

5:00 pm–6:30 pm

Fee: \$35 Member/Non-member

Fee: \$15 New Practitioner/Student

*Ticket is required for access to the event.*

#### Tuesday, April 6

##### APhA-PAC Reception

5:30 pm–6:30 pm

Fee: \$100 APhA Member

Fee: \$100 Nonmember

Fee: \$25 Student

Fee: \$25 Sponsored Student

*This event occurs outside of the annual meeting dates. Instructions for how to attend this event will be emailed to participants after the meeting*

### Pre-Meeting Education

In addition to the core educational and networking events included as part of the conference registration fee, APhA is also offering Advanced Training Programs. For more information, visit [apha2021.pharmacist.com](http://apha2021.pharmacist.com) and click on Schedule of events.

#### Thursday, March 11

##### APhA Symposium on Substance Use Disorder and Patient Well-Being

10:00 am–6:00 pm

Fee: \$79 APhA Member Early

Fee: \$99 Nonmember Early

Fee: \$99 APhA Member Late

Fee: \$129 Nonmember Late

Fee: \$39 Student Member

Fee: \$59 Student Nonmember

##### DigitalHealth.Rx

10:30 am–6:30 pm

Fee: \$79 APhA Member Early

Fee: \$99 Nonmember Early

Fee: \$99 APhA Member Late

Fee: \$129 Nonmember Late

Fee: \$39 Student Member

Fee: \$59 Student Nonmember

## Attendee Registration Form

Early Registration Deadline: February 28, 2021

\_\_\_\_\_  
pharmacist.com username or APhA ID (required for CPE)

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Designations (PharmD, PhD, etc.) \_\_\_\_\_

Organization \_\_\_\_\_

Home Address \_\_\_\_\_

Business/Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country (non U.S.) \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Telephone \_\_\_\_\_

### Background Information

Check here if you require auxiliary services under the Americans with Disabilities Act

1. If you are a practicing pharmacist, indicate your primary area of practice: (Check only one) Fee: \$0

- |   |   |   |                                       |  |
|---|---|---|---------------------------------------|--|
| <input type="checkbox"/> Academia                   | <input type="checkbox"/> Clinic/<br>Physician-Based | <input type="checkbox"/> HMO/Managed Care       | <input type="checkbox"/> Independent  | <input type="checkbox"/> Nuclear                       |
| <input type="checkbox"/> Association/<br>Regulatory | <input type="checkbox"/> Consultant                 | <input type="checkbox"/> Home/Long Term<br>Care | <input type="checkbox"/> Industry     | <input type="checkbox"/> Supermarket/<br>Mass Merchant |
| <input type="checkbox"/> Chain                      | <input type="checkbox"/> Federal                    | <input type="checkbox"/> Hospital               | <input type="checkbox"/> Mail Service | <input type="checkbox"/> None of these                 |

2. If you are a federal pharmacist, indicate your practice setting. Contract or consulting pharmacists are not considered federal pharmacists.

- |                                    |                                      |                                   |  |
|------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> USPHS    | <input type="checkbox"/> Civil Service |
| <input type="checkbox"/> Army      | <input type="checkbox"/> Navy        | <input type="checkbox"/> VA _____ |  |

### Registration Category

(Please note your membership status within APhA ultimately determines your rate.)

### Registration Fees:

\$ \_\_\_\_\_

I would like to make a donation to the APhA PAC:  \$10  \$18.25  \$50  \$100  \$250  \$500 \$ \_\_\_\_\_

I would like to make a tax-deductible donation to the APhA Foundation:  \$15  \$25  \$50  \$75  \$100 \$ \_\_\_\_\_

### Pre-Meeting Education and Additional Offerings

Check here if you require auxiliary services

- |          |            |           |                |          |
|----------|------------|-----------|----------------|----------|
| 1. _____ | Date _____ | Fee _____ | Quantity _____ | \$ _____ |
| 2. _____ | Date _____ | Fee _____ | Quantity _____ | \$ _____ |
| 3. _____ | Date _____ | Fee _____ | Quantity _____ | \$ _____ |

### Payment Information

**TOTAL DUE: \$** \_\_\_\_\_

Check# \_\_\_\_\_  Federal Govt/Military PO# \_\_\_\_\_

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CWV Code \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Signature (required) \_\_\_\_\_

**RETURN TO:** American Pharmacists Association PO Box 931411 Atlanta, GA 31193-1411 FAX (844) 390-3782

**Waiver Release:** By registering for the APhA2021 Conference, I understand my likeness can be used for APhA purposes in future publications and promotional materials.