



Registration Policies and Procedures

Registration Fees and Deadline

The registration fee is \$225 for APhA Members and \$275 for Nonmembers. Registration is open to pharmacists and technicians in the following categories: Army, Navy, Air Force, Coast Guard, VA, USPHS, Active Duty, Reservist, Civilian and Retired.

Registration includes:

- Education Sessions
- CPE Credits
- Exhibit Hall
- Exhibit Hall Opening - Meet Your Industry Partners
- Signature Event - Cowboy Up!
- Closing Reception and Awards (or Service) Program

Guest Registration

Guest registration is \$75. Registration includes the exhibit hall, general sessions, and evening events. Guests and children under 18 are not permitted in education sessions and will not receive CPE credit. Children under 18 are not permitted in the exhibit hall, including the Exhibit Hall Opening.

Confirmations

A registration acknowledgement will be sent via email upon receipt of registration. Detailed confirmations will be sent via email the first week of October, once payments are processed.

Payment

Credit Cards for attendee registration will not be charged until the first week of October; however, guest registration fees will be processed immediately.

Payment for JFPS registration must be in U.S. dollars. Acceptable forms of payment include American Express, MasterCard, Discover and Visa. You may also submit payment via check (made payable to APhA). Conference credentials (badges, tickets, etc.) will not be issued until payment is received in full. Government Purchase Orders are also acceptable forms for federal government agencies and military institutions only. Purchase orders can be submitted via mail and fax and must accompany a completed registration form. You must provide a credit card guarantee with your initial registration and purchase order. If your check is not received within 15 days after the meeting, your credit card will be charged for the full amount of your registration. APhA's Tax ID is 53-0026265

Changes and Corrections

Changes and corrections will be accepted by fax or email through Friday, October 22. Changes and corrections needed after this date must be made on site. Email your changes to customer service at infocenter@aphanet.org.

Badges

Badges and tickets will be distributed on site. Be sure to review your confirmation thoroughly before you arrive to ensure your registration includes everything you are expecting.

Exhibitor Registration

If your company is exhibiting, you must register through the exhibitor registration process, regardless of how you are participating in the meeting.

Registering as an exhibitor entitles you to all of the benefits of a full conference registration.

Cancellation Policy

Registration cancellations must be in writing and will be refunded based on receipt as follows:

- By Friday, October 15—Full refund
- By Friday, October 22—Refund less \$30 fee
- After Friday, October 22—No refund

Please note there will also be no refunds for no-shows or weather related issues.

Please email your cancellation request to Customer Service at infocenter@aphanet.org or fax your request to 844-390-3782. You may send a replacement if you need to cancel after the deadline to avoid the complete loss of your investment.

How to Register

Register Online:
jfpsmeeting.pharmacist.com
(credit cards only)

Fax your form with payment to:
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

Meeting Awards & Receptions

Tuesday, October 26 - Closing Reception: 1730 - 1830 ~ Awards (or Service) Program: 1830-2000

Join your colleagues for the celebration of excellence. The evening will include a joint reception followed by the awards (or service) programs. Dress for the evening is service or business attire.

- o Ralph D. Arnold Awards Program (USA)
- o Lamar Smith Awards Program (USN)
- o Jerry W. Ross Awards Program (USAF)
- o Mary Fong Awards Program (USPHS and US Coast Guard)

Please indicate your attendance on the registration form.



REGISTRATION FORM

Privacy Policy: APhA has designated a data privacy manager to answer any questions or concerns you may have regarding our [Privacy Policy](#) and our practices regarding information you provide to us.

I have read, understand and agree to the terms of APhA's "Covid-19 Safety Protocols" as outlined on the JFPS website. In checking this box, I acknowledge that I understand and accept any and all risks which may be associated with Covid-19 as a condition of my attendance and participation in JFPS 2021."

PHARMACIST.COM USERNAME OR APhA ID: (Required for members and nonmembers requesting CPE.) _____

Indicate graduation year for first pharmacy degree: _____

Nickname or First Name: _____

Formal Name: _____

Including your Rank, First Name, Last Name, Corps and Service as appropriate for your service/agency, and Designations (RPh, PharmD, etc.)

Organization/Duty Station: _____

Home or Business Address: _____

City: _____ State: _____ Province: _____ Postal Code: _____ Country: _____

Daytime Phone: _____ Phone Daytime Fax: _____ Email required: _____

Emergency Contact: _____ Daytime Phone: _____ Relationship: _____

JOB FUNCTION

Pharmacist Technician Other, please specify _____

POSITION/BRANCH OF SERVICE

Officers	Enlisted	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Force Reserve
<input type="checkbox"/> 0-6 <input type="checkbox"/> 0-5 <input type="checkbox"/> E-9 <input type="checkbox"/> E-8 <input type="checkbox"/> E-7 <input type="checkbox"/> Retired Federal		<input type="checkbox"/> Army	<input type="checkbox"/> Army Reserve
<input type="checkbox"/> 0-4 <input type="checkbox"/> 0-3 <input type="checkbox"/> E-6 <input type="checkbox"/> E-5 <input type="checkbox"/> E-4 <input type="checkbox"/> Federal Civilian		<input type="checkbox"/> Navy	<input type="checkbox"/> Navy Reserve
<input type="checkbox"/> 0-2 <input type="checkbox"/> 0-1 <input type="checkbox"/> E-3 <input type="checkbox"/> E-2 <input type="checkbox"/> E-1 <input type="checkbox"/> Other: _____		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> USPHS
		<input type="checkbox"/> VA	<input type="checkbox"/> Other: _____

CLOSING RECEPTION

Optional Service Awards (Tuesday, October 26)

Will Attend Will Not Attend Guest Will Attend

REGISTRATION FEES & PAYMENT INFORMATION

Member Full Conference \$225

Nonmember Full Conference \$275

Guest, Full name for badge _____ \$75

Check _____ Government Purchase Order _____ Total Due _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER Exp. Date _____ CVV Code _____

Credit Card Number _____

Print Name of Cardholder _____

Signature _____

Photography: Any person who attends an APhA Annual Meeting event grants permission to APhA, its employees and agents (collectively "APhA") to record his or her visual/ audio images, including but not limited to, photographs, digital images, voices, sound or video recordings, audio clips, or accompanying written descriptions, and, without notifying such person, to use his or her name and such images for any purpose of APhA, including advertisements and its programs.