

# CREATING A WINNING CHANNEL STRATEGY: INDEPENDENT PHARMACY

REGISTRATION FORM  
May 5-6, 2015



**EARLY BIRD DEADLINE MARCH 25TH. REGISTRATION DEADLINE APRIL 8TH**

## **ATTENDEE INFORMATION – \$1,750 FOR FIRST ATTENDEE FROM COMPANY – (EARLY BIRD PRICE: \$1,450)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## **ADDITIONAL ATTENDEE INFORMATION – \$1,450 FOR EACH ADDITIONAL ATTENDEE FROM THE SAME COMPANY**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Total Registration Fee All Attendees:**

## **PAYMENT INFORMATION**

### **Payment required prior to workshop participation**

Please call Barb Gengler, our workshop registration coordinator, to make payment arrangements at **800-888-0889**.

## **TRAVEL INFORMATION**

Airline: \_\_\_\_\_  
Flight Arrival: (m/d/yy HH:MM) \_\_\_\_\_ Flight Departure: (m/d/yy HH:MM) \_\_\_\_\_

## **DIETARY RESTRICTIONS**

Lunch will be served. Please list any dietary restrictions.

1<sup>st</sup> Attendee: \_\_\_\_\_

2<sup>nd</sup> Attendee: \_\_\_\_\_

## **SIGNATURE**

I understand that payment is due prior to workshop participation.

Authorized signature: \_\_\_\_\_ Date: (m/d/yy) \_\_\_\_\_

**Please click to submit electronically or print and fax this registration to 414-355-1032.**