



Florida Pharmacy Association
610 North Adams St
Tallahassee, Florida 32301

Who Should Attend?
Consultant Pharmacists ~ Hospital Pharmacist-
Community Pharmacists ~ Long Term Care,
Home Health Care, and Managed Care
Pharmacists ~ Pharmacy Technicians

PRST STD
 U.S. POSTAGE
PAID
 TALLAHASSEE, FL
PERMIT # 801

Meeting Location
Hyatt Sarasota
 1000 Blvd. Of The Arts
 Sarasota, Florida 34236

For Room Reservation Call:
 941-953-1234 or
 1-800-233-1234
Room Reservation Deadline:
 November 12, 2010

FPA room rate is \$145 Standard plus taxes and fees (single/double occupancy): The room reservation deadline is **November 12, 2010**. Thereafter, reservations will be taken on a space or rate availability basis. Check-in time is 3:00pm /check-out time is 12noon. The hotel requires cancellation notice of 48 hours prior to arrival to guarantee full refund of deposit. There is a \$15 per day fee for overnight **valet** parking. For attendees who will be driving in, self-parking is complimentary.

Cancellation Policy: If cancellation is made in writing 30 days prior to the program a refund will be made less a \$10 service charge. If cancellation is made 29-10 days prior to the program, a refund will be made, less a \$50 service charge. Cancellation requested in writing after that date will result in credit for another FPA CE program or service valid for one year.

Policy on Industry Support: The FPA adheres to the US Food and Drug Administrator's policy on industry supported educational activities. The FDA policy requires, among other things, that we conduct the educational program supported by any corporate educational grants independently and without control by the grantor of the program's planning, content or execution. Furthermore, the programs must be free of commercial bias for or against any product.

Tax Deduction: The expense of continuing education, when taken to maintain and improve professional skills is tax deductible. Please contact your accountant for complete details.

Register Early!
This hotel sells out every year!

FPA Regulatory & Law Conference
December 4-5, 2010

Registration Form
Pre Registration Deadline: Friday, November 19, 2010

Name _____

Badge Name _____

Address _____

City, State, Zip _____

Phone (wk) _____ (hm) _____

Fax _____ E-Mail _____

FL Lic# (PS) _____ (PU) _____ (RPT) _____

Other State Where Licensed _____ License # _____

Two Day Education Registration (12 credit hours) -
Excludes: "Reducing Medication Errors" & "Sunday Lunch CE"

	Before Nov. 19	Onsite	Amount
<input type="checkbox"/> FPA Member	\$190	\$240	\$ _____
<input type="checkbox"/> Non Member	\$295	\$360	\$ _____
<input type="checkbox"/> Member Tech	\$55	\$70	\$ _____
<input type="checkbox"/> Non Member Tech	\$75	\$90	\$ _____

Optional Educational Programs-Separate Fees Apply
 (Lunch Provided but Limited to Pre-Registration Only)

- Saturday, Dec. 5, "Reducing Medication Errors"** (2 credit hrs)
 FPA Member - \$40 Non Member - \$60
 - Sunday, Dec. 6, "PROGRAM TBD"** (1 credit hour)
 FPA Member - \$40 Non Member - \$60
- Onsite Fee: \$50 FPA Member \$70 Non Member Total\$ _____

Four Ways to Register

Phone ~ (850) 222-2400 Fax ~ (850) 561-6758
Mail ~ 610 North Adams St Tallahassee, FL 32301
Online at www.pharmview.com

Daily Education Registration (6 credit hours) -
Excludes: "Reducing Medication Errors" & "Sunday Lunch CE"

	Before Nov. 19	Onsite	Amount
<input type="checkbox"/> FPA Member	\$145	\$180	\$ _____
<input type="checkbox"/> Non Member	\$195	\$260	\$ _____
<input type="checkbox"/> Member Tech	\$45	\$60	\$ _____
<input type="checkbox"/> Non Member Tech	\$65	\$80	\$ _____

Select the day you will attend: **Saturday** **Sunday**

Printed booklets for our CE "Handouts" will no longer be available on-site at the conference. The "Handouts" will be posted on our web-site ~ www.pharmview.com ~ the week of the conference for you to print out and bring with you to the meeting.

Printed booklets of the Handouts are available to purchase for \$25.00.

I would like a printed, hard copy booklet. \$ _____

Payment Method _____ **Total Enclosed\$** _____

Check (To: FPA) Mastercard Visa AMEX Discover

Account # _____ Security Code _____
 (required)

Exp. Date _____ Billing Address _____

Signature _____