



Florida Pharmacy Association
610 North Adams St
Tallahassee, Florida 32301

Who Should Attend?
 Consultant Pharmacists ~ Hospital Pharmacists ~
 Pharmacy Technicians ~ Community Pharmacists

PRST STD
 U.S. POSTAGE
PAID
 TALLAHASSEE, FL
PERMIT # 236

Meeting Location
PGA National Resort
400 Ave of the Champions
Palm Beach Gardens, FL

For Room
Reservation Call:
1 (800) 863-2819
Room Reservation Deadline:
Friday, August 20, 2010

FPA room rate is \$129 plus tax (single/double occupancy).

The room reservation deadline is August 20, 2010 or until the room block is full. Thereafter, reservations will be taken on a space or rate availability basis. Check-in time is 4:00pm /check-out time is 12 noon. 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 from the date of original cancellation.

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.

FPA Infectious Disease Conference
September 11-12, 2010

Registration Form

Pre Registration Deadline: Friday, August 27, 2010

Name _____
 Badge Name _____
 Address _____
 City, State, Zip _____
 Phone (wk) _____ (hm) _____
 Fax _____ E-Mail _____
 PS# _____ PU# _____ RPT# _____
 Other State Where Licensed _____ License # _____

Two Day Education Registration (12 credit hours) -

EXCLUDES: "Reducing Medication Errors" & "Cellulitis Update"

	Before Aug 27	After Aug 27	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/ Limited to Pre-Registration)

- Saturday, Sept. 11 ~ "Reducing Medication Errors"** (2 credit hrs)
 FPA Member - \$40 Non Member - \$60
- Sunday, Sept. 12 ~ "Cellulitis Update"** (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

Printed booklets for our CE "Handouts" will no longer be available on-site at the conference. The "Handouts" will be posted on our website ~ www.pharmview.com ~ after September 6, 2010 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 \$ _____

Daily Education Registration (6 credit hours) -

Excludes: "Reducing Medication Errors" & "Cellulitis Update"

	Before Aug. 27	After Aug. 27	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**

Payment Method

Total Enclosed \$ _____

- Check (To: FPA) Mastercard Visa AMEX Discover

Account # _____ Security Code _____

Exp. Date. _____ Signature _____