

WEST TEXAS PHARMACY ASSOCIATION
98th ANNUAL SPRING CONFERENCE
MARCH 1-3, 2019 SAN ANGELO, TX

Mail completed forms to: WTPA Conference, P.O. Box 1004, San Angelo, TX 76902
For Questions, Please Call (866) 528-5334

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

REGISTRATION FEE (check all that apply) (full registration includes meals, CE, exhibits and events)

_____ PHARMACIST FULL SESSION \$285.00 (\$320 after 2/10/ \$335 @ door)

_____ TECHNICIAN FULL SESSION \$175.00 (\$210 after 2/10/ \$225 @ door)

_____ SPOUSE/GUEST FULL SESSION \$125.00/person (\$175 @ door)

(spouse/guest registration includes lunches and dinners)

GUEST NAME(S) FOR ADDITIONAL NAME TAGS: _____

_____ WTPA PHARMACIST MEMBER DUES \$30.00

_____ WTPA CPHT MEMBER DUES \$25.00

_____ WTPA STUDENT MEMBER DUES \$10.00

_____ DONATION TO SCHOLARSHIP FUND _____

_____ ADDITIONAL FRIDAY NIGHT RECEPTION/BANQUET TICKETS (\$45/TICKET & \$50 @ door)

_____ ADDITIONAL SATURDAY NIGHT PRESIDENT'S RECEPTION/SCHOLARSHIP BANQUET TICKETS
(\$55/TICKET & \$60 @ door)

Names for tickets: _____

TOTAL REGISTRATION AMOUNT ENCLOSED \$ _____

(checks payable to WTPA) Complete this page and mail with payment.

METHOD OF PAYMENT ENCLOSED: CHECK \$ _____

CREDIT CARD # _____ EXP. DATE _____ CVV _____

CARDHOLDER'S NAME:/ADDRESS, CITY, STATE, AND ZIP:

Grievance Policy: *If, for any reason, a participant is unsatisfied with one program or the entire program, that participant must file his/her grievance, either by phone or in writing, with the WTPA office within ten business days of the program in order to determine the refund amount. If the individual(s) remain unsatisfied with the response from the WTPA Program Administrator, he/she may request to appeal the situation before the Association's Board of Directors at the next scheduled meeting. Such an appeal may be done either in person or in writing. All expenses pertinent to such an appeal shall be borne by the individual(s) requesting the appeal.* **Cancellation/Refund Policy:** Up to five days prior to the program a refund less a \$25.00 administration fee may be obtained. No refunds after 2/25/2019. **Refunds will not be granted for no shows.**

**Hotel Arrangements have been made at the Courtyard Marriott (2572 Southwest Blvd San Angelo, TX 76901)
Room rates are \$99/night through Feb 15, 2019 Call and mention WTPA 325.703.6400**



West Texas Pharmacy Association is a co-sponsor with The New Mexico Pharmacists Association. The New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of Continuing Education.