

NEXUS 2019

The Intersection of Value and Care

TUES, OCT 29-FRI, NOV 1 | GAYLORD NATIONAL HARBOR | NATIONAL HARBOR, MD

Full payment must accompany this form for registration to be processed. Confirmation notices will be sent to confirmed attendees via email.

ATTENDEE INFORMATION *(required)*

FIRST NAME _____ LAST NAME _____

AMCP ID NUMBER (IF APPLICABLE) _____ TITLE _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

ATTENDEE TELEPHONE _____ ATTENDEE EMAIL ADDRESS _____

REGISTRATION FEES/CATEGORIES *(please check appropriate box)*

JOIN AMCP TO GET MEMBER RATES! Visit www.amcp.org

! Administrative fee for cancellation applies.

	Early Bird <i>rec'd on or before 8/16/2019</i>		Advance <i>rec'd after 8/16/2019</i>		Regular <i>rec'd after 9/13/2019</i>	
	FULL	ONE DAY*	FULL	ONE DAY*	FULL	ONE DAY*
<input type="checkbox"/> Active Member <small>(pharmacist/MD/nurse/nurse practitioner/physician assistant)</small>	\$625	\$375	\$725	\$475	\$825	\$575
<input type="checkbox"/> Associate Member	\$725	\$475	\$825	\$575	\$925	\$675
<input type="checkbox"/> Non-Member	\$1025	\$775	\$1125	\$875	\$1225	\$975
<input type="checkbox"/> Resident/Fellow/Graduate Student Member		\$295		\$345		\$395
<input type="checkbox"/> Pharmacy Technician Member		\$295		\$345		\$395
<input type="checkbox"/> Student Pharmacist Member		\$175		\$175		\$225
<input type="checkbox"/> Name Change Fee				\$175		

* If registering for one day, please indicate which day you will be attending: Wed Thur Fri

ADDITIONAL PROGRAMS & EVENTS

Residency Program Design & Conduct Training for Managed Care • Tues, Oct 29 • 8:00 am-5:00 pm \$375 member/non-member

AMCP Corporate Training Program* • Tues, Oct 29 11:00 am-5:00 pm • *includes registration to Nexus 2019* \$1,995

AMCP Foundation Research Symposium* • Tues, Oct 29 1:00 pm-5:00 pm • Reception 5:00 pm-6:00 pm \$200 member/non-member \$50 student member

AMCP Foundation Sunrise Yoga • Wed, Oct 30 / Thur, Oct 31
 please check t-shirt size: S M L XL XXL \$20 - Wednesday
 please check here if you do not want a t-shirt: Team Name: _____ \$20 - Thursday

AMCP Foundation Sleep-In (includes t-shirt, please check size below) \$20 member/non-member
 non-refundable donation supports AMCP Foundation research programs S M L XL XXL
 please check here if you do not want a t-shirt: Team Name: _____

AMCP FOUNDATION DONATION \$25 \$50 \$100 Other \$ _____

This is a non-refundable donation to the AMCP Foundation, a 501(c)3 nonprofit.

* Please Note - Different administrative fees apply for cancellations of the programs above as well as the conference itself. Go to <https://www.amcpmeetings.org/register-now/> for the full cancellation policy.

DEMOGRAPHIC INFORMATION

- I. Which of the following best describes your employer? *(check one)*
- ACO/PCMH/Emerging Care Model
 - Association
 - College/University
 - Community Pharmacy
 - Consulting Firm
 - Government/Military
 - Health Information Technology/IT
 - Health Plan
 - Hospital
 - Integrated Delivery Network
 - Managed Markets Agency
 - Medical Education
 - Other *(specify)* _____
 - Medical/Physician Group
 - MTM Service
 - Not Employed
 - PBM or Mail Service
 - Pharmaceutical Industry
 - Quality Service Organization
 - Research/Data Analytics
 - Retired
 - Specialty Pharmacy
 - Wholesale/Distribution/GPO

- II. Which of the following best describes your job function(s)? *(check one)*
- Academic Faculty/Staff
 - Account Management
 - Case Manager
 - Clinical Pharmacist/Coordinator
 - Consultant
 - Contracting/Distribution/Supply Chain
 - C-Suite Member/VP
 - Formulary/Drug Use Mgmt
 - Government/Legal Affairs
 - Graduate Student
 - Marketing/Sales
 - Medical Affairs
 - Medical Directors/CMO
 - Not Employed
 - P&T Committee Mbr/Liaison
 - Other *(specify)* _____
 - PBM/Client Services
 - Pharmacy Director/Asst Director
 - Pharmacy Manager
 - Pharmacy Technician
 - Pharmacy/Provider
 - Network Management
 - President/CEO
 - Product/Program Devel
 - Profess./Trade Relations
 - Research-Outcomes/Clinical
 - Resident/Fellow
 - Retired
 - Staff/Operations Pharmacist
 - Student

- III. Indicate your license or eligibility for licensure below. *(check one)*
- MD
 - Not Applicable
 - Nurse
 - Nurse Practitioner
 - Other _____
 - Physician Assistant
 - Pharmacist
 - Pharmacy Technician

- IV. Indicate your reason for attending AMCP's national meetings. *(check one)*
- Continuing Education Credits
 - Enhance Knowledge/Skills
 - Information and Resources
 - Networking
 - Personal/Leadership Skills

- V. Is this your first AMCP conference? Yes No

METHOD OF PAYMENT

- Check made payable to Experient/AMCP for \$ _____
(in U.S. funds drawn on a U.S. bank)
- Charge my credit card *(Visa, MasterCard, American Express, Discover)*

CARD NUMBER _____ EXP DATE (MONTH/YEAR) _____

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) _____

CARDHOLDER SIGNATURE _____

AMCP Conference Buddy Program *(optional)*

AMCP student members, new practitioner members and seasoned pharmacist members are invited to participate in the AMCP Conference Buddy Program. This program is designed to increase awareness of managed care pharmacy and matches students or new practitioners with an AMCP pharmacist member. This pairing meets informally during the meeting to discuss the industry, pathways to careers, and AMCP resources available to help. Individuals must sign up within this registration system. **To ensure a match, you must sign up by October 9, 2019. AMCP will start the matching program and advise on pairings starting October 14, 2019.**

- MENTOR
 Yes, I will serve as a conference buddy MENTOR and I am an AMCP Pharmacist, Nurse, or Doctor member.
- MENTEE
 Yes, I am a MENTEE and wish to be assigned a mentor. I certify I am an AMCP Student Pharmacist, Resident/Fellow/Graduate Student or New Practitioner member.