

**Registration Instructions**

■ The Associate Registration Form is intended for those individuals who are affiliated with NACDS Associate Member Companies engaged in supplying goods or services to the profession of pharmacy, the drug industry, retail drug stores or other for-profit community retail pharmacies.

■ Registration is available online at [annual.nacds.org](http://annual.nacds.org).

■ Full payment must accompany your registration. Please make all checks payable to "NACDS." If paying by credit card, complete all credit card information.

Fax form to (703) 683-5678.

Mail registrations to:  
 NACDS  
 P.O. Box 34814  
 Alexandria, VA 22334-0814

Mailed registrations must be sent via U.S. Postal Service 1st Class, Priority Mail, or Express Mail. Other delivery services cannot deliver to the P.O. address.

■ If you have any questions, please email [annualmtg@nacds.org](mailto:annualmtg@nacds.org)

**Registration Fees**

Associate Member . . . \$5,400  
 (Domestic/International)

*(Note: This fee covers all business programs and social activities for one registrant and spouse/companion.)*

**Registration Cancellation Policy**

If you cancel by **Friday, March 2, 2018**, NACDS will refund the fee less a 25% administrative fee per registrant. No refunds will be made for cancellations received after **Friday, March 2, 2018**.

FOR OFFICIAL USE ONLY	
DATE _____	AMOUNT _____
CHECK NO. _____	

**Individual Completing Form**

*(Please type or clearly print all information.)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Registrant Information**

Company Name: \_\_\_\_\_

Dr.  Mr.  Ms.  Mrs. First Time Attending?  Yes  No

Name: \_\_\_\_\_

Nickname (for Badge): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Spouse/Companion Information**

Dr.  Mr.  Ms.  Mrs.

Spouse/Companion Full Name: \_\_\_\_\_

Spouse/Companion Nickname (for Badge): \_\_\_\_\_

Spouse/Companion Email: \_\_\_\_\_

**Registration Fees & Payment**

**Note: You must complete this section.**

Registration Fee: \$ \_\_\_\_\_

Payment Method:  Check  Credit Card:        

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (CVV2) : \_\_\_\_\_

(Visa, MasterCard and Discover: 3 digits on back - American Express: 4 digits on front)

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**NACDS** **ANNUAL**  
*Shaping the Industry*

April 21-24, 2018  
The Breakers • Palm Beach, FL

**Name of Registrant:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

### **HOTEL INFORMATION**

The Annual Meeting Housing Bureau deadline has passed. Please contact your desired hotel directly to secure your hotel reservation. Space

The Breakers: [ines.bodman@thebreakers.com](mailto:ines.bodman@thebreakers.com)

The Chesterfield: [iayala@rchmail.com](mailto:iayala@rchmail.com)

The Colony: [reservations@thecolonypalmbeach.com](mailto:reservations@thecolonypalmbeach.com)

Four Seasons Resort Palm Beach: (561) 582-2800

Hilton West Palm Beach: [hope.woodend@hilton.com](mailto:hope.woodend@hilton.com)

The Hyatt Place West Palm Beach: [alaina.teitelbaum@hyatt.com](mailto:alaina.teitelbaum@hyatt.com)

Residence Inn: [kamelle.walker@marriott.com](mailto:kamelle.walker@marriott.com)

Please note:

- Attendees staying at other hotels will have full access to all amenities at The Breakers, including use of pool area, golf, tennis, and spa facilities, etc.
- Members who wish to open a master account with their hotel should contact the hotel directly.

### **Hotel Cancellation Policy**

**All NACDS Annual Meeting hotels require a room deposit equaling the entire length of your stay, which may be charged to the credit card provided as early as Monday, March 19, 2018. No refunds will be available for changes or cancellations made after this date.**

### **Suite Accommodations**

A limited number of suites are available at the official NACDS Annual Meeting Hotels. Companies utilizing suites may not schedule activities that conflict with any official NACDS functions.

### **Housing Questions**

Please contact Stacy Jack at the NACDS Housing Bureau at (703) 837-4300, ext. 1.

### **WEBSITE INFORMATION**

Selected areas of the website are password protected and will be accessible to conference registrants only. This includes a list of participating companies and current registration list. Your log-in information will be activated shortly after your registration has been processed. Your username and password are the same as your online membership account. If you do not know your password, or have not set up a password, you can use the "Forgot Password" function to reset it. If you have questions please call the NACDS Registration Department at (703) 837-4300, ext. 2.