

Registration Instructions

- The Chain Registration Form is intended for those individuals who are affiliated with NACDS Chain member companies and/or companies which operate retail stores/pharmacies.
- Registration is available online at 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

Registration Fees

Chain Member. \$2,900
(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. _____	

Federal Tax ID# 13-5582579

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: _____

PLEASE COMPLETE REVERSE SIDE

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

The Chesterfield: jayala@rchmail.com

The Colony: reservations@thecolonypalmbeach.com

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

Hilton West Palm Beach: hope.woodend@hilton.com

The Hyatt Place West Palm Beach: alaina.teitelbaum@hyatt.com

Residence Inn: 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.