

2019 Chronic Care and Health-System Conference
The Rizzo Center, Chapel Hill, NC
February 28-March 1, 2019

NCAP requests participation from your company at our 2019 Annual Chronic and Health-System Conference. These funds will not be used to cover indirect costs of the Association. One representative from your company will have the opportunity to speak with leaders in the Pharmacy industry. Fees include one free meeting registration for your representative. Your representative must be registered online at ncpharmacists.org to qualify for the CE credit. A code will be provided to waive the registration fee.

Rizzo Center, Chapel Hill, North Carolina
Please submit by February 15, 2018
Fee: \$500.00

Cancellation Policy: A full refund minus \$100 administrative fee will be given 10 days prior to the meeting.

Click the link below or book your room for The Rizzo Center at destinationhotels.com. You must make your reservation by 4pm February 6, 2019 and use the group code **NCAP** in order to guarantee a room in the NCAP block.

<https://gc.synxis.com/rez.aspx?Hotel=21534&Chain=15564&arrive=2/27/2019&depart=3/1/2019&adult=1&child=0&group=NCAP>

Name of Exhibiting Company (to be printed in program)	Contact Person (confirmation will be mailed to this person)
Phone: Fax: Email:	Mailing address of contact person Street City/State Zip
Name of rep attending (for name badge)	Email of rep attending (to be sent detailed information)
Interested in speaking to the following leaders: <input type="checkbox"/> Chronic Pharmacists Leader <input type="checkbox"/> Health-System Pharmacists Leader <input type="checkbox"/> Clinical Pharmacists Leader <input type="checkbox"/> Other: _____	
Payment information: <input type="checkbox"/> Check enclosed <input type="checkbox"/> A formal invoice is needed for payment <input type="checkbox"/> A detailed letter is needed for payment <input type="checkbox"/> Check being sent from office; name and phone of contact at office _____ <input type="checkbox"/> Charge to <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Am Express # _____ Exp Date _____ Name as it appears on the card _____ Sec Code _____ Billing Address _____ Authorized Signature _____	

Registration forms can be emailed, mailed or faxed:
NCAP Attn: Rhonda Horner-Davis, Brighton Hall, 1101 Slater Road, #110, Durham, NC 27703, Fax: 984-439-1649
Rhonda@ncpharmacists.org
NCAP Tax ID# 56-0548264