

# JFPS 2020 VIRTUAL

Joint Federal Pharmacy Seminar  
November 13-14, 2020

## Registration Policies and Procedures

### Registration Fees and Deadline

The registration fee is \$99 for APhA Members and \$129 for Nonmembers. Registration is open to pharmacists and technicians in the following categories: Army, Navy, Air Force, Coast Guard, VA, USPHS, Active Duty, Reservist, Civilian and Retired.

### Registration includes:

- Education Sessions
- CPE Credits
- Virtual Exhibit Hall
- Service Awards Program
- Closing Ceremony

### Exhibitor Registration

If your company is exhibiting, you must register through the exhibitor registration process, regardless of how you are participating in the meeting. Registering as an exhibitor entitles you to all of the benefits of a full conference registration.

### Payment

**Credit Cards for attendee registration will not be charged until the first week of October.**

Payment for JFPS registration must be in U.S. dollars. Acceptable forms of payment include American Express, MasterCard, Discover and Visa. You may also submit payment via check (made payable to APhA). Conference credentials (badges, tickets, etc.) will not be issued until payment is received in full.

Purchase orders can be submitted via mail and fax and must accompany a completed registration form. You must provide a credit card guarantee with your initial registration and purchase order. If your check is not received within 15 days after the meeting, your credit card will be charged for the full amount of your registration. APhA's Tax ID is 53-0026265

### Confirmation

A registration acknowledgement will be sent via email upon receipt of registration. Detailed confirmations will be sent via email the first week of November.

### Cancellation Policy

Registration cancellations must be in writing and will be refunded based on receipt as follows:

- By Thursday, November 12  
Full refund
- After Thursday, November 12  
No refund

Please email your cancellation request to Customer Service at [infocenter@aphanet.org](mailto:infocenter@aphanet.org) or fax your request to (202) 448-8734. You may send a replacement if you need to cancel after the deadline to avoid the complete loss of your investment.

## HOW TO REGISTER

### Register Online:

<https://jfpsmeeting.pharmacist.com/>  
(credit cards only)

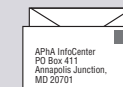


**Fax your form with payment to:** (202) 448-8734



### Mail your form with payment to:

APhA Registration  
2215 Constitution Ave., NW  
Washington, DC 20037



**Registration Questions:** (202) 448-8727

[infocenter@aphanet.org](mailto:infocenter@aphanet.org)



Privacy Policy: APhA has designated a data privacy manager to answer any questions or concerns you may have regarding our Privacy Policy and our practices regarding information you provide to us.

PHARMACIST.COM USERNAME OR APhA ID: (Required for members and nonmembers requesting CPE.) \_\_\_\_\_

Indicate graduation year for first pharmacy degree: \_\_\_\_\_

Nickname or First Name \_\_\_\_\_

Formal Name \_\_\_\_\_

*Including your Rank, First Name, Last Name, Corps and Service as appropriate for your service/agency, and Designations (RPh, PharmD, etc.)*

Organization/Duty Station \_\_\_\_\_

Home or Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Fax \_\_\_\_\_ Email required \_\_\_\_\_

Emergency contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### JOB FUNCTION

Pharmacist       Technician       Other, please specify \_\_\_\_\_

### POSITION/BRANCH OF SERVICE

Officers		Enlisted				<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Force Reserve
<input type="checkbox"/> 0-6	<input type="checkbox"/> 0-5	<input type="checkbox"/> E-9	<input type="checkbox"/> E-8	<input type="checkbox"/> E-7	<input type="checkbox"/> Retired Federal	<input type="checkbox"/> Army	<input type="checkbox"/> Army Reserve
<input type="checkbox"/> 0-4	<input type="checkbox"/> 0-3	<input type="checkbox"/> E-6	<input type="checkbox"/> E-5	<input type="checkbox"/> E-4	<input type="checkbox"/> Federal Civilian	<input type="checkbox"/> Navy	<input type="checkbox"/> Navy Reserve
<input type="checkbox"/> 0-2	<input type="checkbox"/> 0-1	<input type="checkbox"/> E-3	<input type="checkbox"/> E-2	<input type="checkbox"/> E-1	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> USPHS:
						<input type="checkbox"/> VA	<input type="checkbox"/> Other: _____

### REGISTRATION FEES & PAYMENT INFORMATION

Member Full Conference  \$99      Nonmember Full Conference  \$129

Fun Run Fees:  \$15    \$20    \$25    \$50    \$100

Check \_\_\_\_\_       Government Purchase Order \_\_\_\_\_      **Total Due** \_\_\_\_\_

VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER    Exp. Date \_\_\_\_\_    CVW Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Print Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

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