

REGISTRATION

Register online at www.pswi.org

PSW Annual Meeting • September 17-18, 2021

Name (as you would like to see it on your name tag)

Worksite

Preferred Mailing Address

City State Zip

Is this a ☐ home or ☐ worksite address?

Work Phone Fax

E-mail Address

NOTE: Please pre-register. You can pre-register by filling out this form or by going to www.pswi.org On-site registrants will be charged an additional \$25.

REGISTRATION FEES

FULL CONFERENCE - IN PERSON

	<u>Early Bird*</u>	<u>Regular</u>	<u>Amount</u>
<input type="checkbox"/> PSW Member	\$375	\$435	\$_____
<input type="checkbox"/> Nonmember	\$475	\$575	\$_____
<input type="checkbox"/> PSW Tech Member	\$195	\$225	\$_____
<input type="checkbox"/> Tech Nonmember (incl PSW membership)	\$260	\$290	\$_____
<input type="checkbox"/> Pharmacy Student	\$150	\$185	\$_____
<input type="checkbox"/> Residents/Grad Students	\$300	\$350	\$_____

*Early Bird - Early Bird rates for the earlier of: First 200 registrants or August 27th
Full registration includes On Demand CE, admission to the Exhibits, Welcome Reception, and all sessions both days.

VIRTUAL ONLY*

	<u>Price</u>	<u>Amount</u>
<input type="checkbox"/> PSW Member	\$125	\$_____
<input type="checkbox"/> Nonmember	\$175	\$_____

*Includes live-streaming and recordings of some in-person sessions in addition to On-Demand CE.

PAYMENT

Total Enclosed \$_____

Send this form with check (payable to: Pharmacy Society of Wisconsin) or credit card order to: **PSW, 701 Heartland Trail, Madison, WI 53717**

Charge: ☐ VISA ☐ Master Card ☐ Discover ☐ American Express

Card # _____ Exp Date _____ 3-4 digit security code _____

Name on Card _____

☐ YES, preferred address above is the billing address

Billing Address _____

Signature _____

Refunds for cancellations less a \$75 handling charge if written request is received by September 1, 2021.

ADDITIONAL EVENT & TICKETS

Mark which functions you plan on attending and if you need additional tickets for guest(s).

☐ Incyte Exhibit Theater Lunch 12-1 pm (Friday)

Friday Afternoon Forums - Please choose one if you will be attending

- ☐ Ambulatory Care Practice Forum
- ☐ Community Pharmacy Practice Forum
- ☐ Health-System Pharmacy Forum
- ☐ Leadership Development Forum

☐ Welcome Reception at Lambeau! (Friday)

Additional Tickets #_____ \$50 each

☐ Presidents Reception & Awards Banquet - Not included in registration price (Saturday)

Attendee Ticket #_____ \$50 each

Additional Tickets for Adults #_____ \$50 each

Additional 17 and under #_____ \$25 each

☐ I will not be attending any of these functions

SPECIAL DIETARY RESTRICTIONS

Please let us know if you have any dietary restrictions.

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-free
- ☐ Dairy-free
- ☐ Other or multiple:

Please describe: _____

STUDENT SPONSORSHIP

All sponsors will be recognized at the conference.

☐ Sponsor Fee #_____ @ \$25 \$_____

The pharmacy student registration rate is only \$150 - \$185. All pharmacists are encouraged to support PSW's ability to provide this reduced rate to pharmacy students through a \$25 donation to the student attendance fund. All student sponsors will be recognized at the Annual Meeting.

Four ways to register

Mail: PSW, 701 Heartland Trail
Madison, WI 53717

Call: 608.827.9200

Fax: 608.827.9292

Web: www.pswi.org

