

**AAPT 37<sup>th</sup> ANNUAL  
NATIONAL CONVENTION**  
August 30-31, 2019  
Rosen Shingle Creek • Orlando, FL

## EARLY-BIRD - SAVE \$50

On the Convention when you register

**Before July 15**

Fees increase \$50 after July 15

### How to Register:

Online: [www.pharmacytechnician.com](http://www.pharmacytechnician.com)  
 Email: [aapt@pharmacytechnician.com](mailto:aapt@pharmacytechnician.com)  
 [subject: Convention 2019]  
 Phone: 336-333-9356  
 [leave a message]  
 Mail: To: AAPTConvention2019  
 P.O.Box 391043, Omaha, NE 68139

### TWO-DAY REGISTRATION

Includes ACPE-accredited Continuing Education, Exhibitor Hall, Lunch, Snacks, Social Hour

Prior to July 15, 2019  Member \$150.00  Nonmember \$190.00  Pharmacy Technician Student 150.00

**Fees increase \$50 after July 15 Registration closes on August 25**

Registrations are not taken at the door. Registration prior to August 25 required to attend.

CONVENTION IS HELD AT ROSEN SHINGLE CREEK ORLANDO, FLORIDA

**Hotel rooms must be reserved by August 8 to be eligible for the \$99 Convention Rate (normally \$194/night)  
Reserve early. Limited rooms available at this rate.**

Rosen Shingle Creek

9939 Universal Blvd, ORLANDA, FL 32819

RESERVE BY PHONE: (866) 996-6338 OR [CLICK HERE for ONLINE RESERVATION](#)

### Registrant Information:

First and Last Name:					
Address:					
City:		State:		Zip:	
Phone:			Email:		
AAPT Membership Exp.Date:		NABP #:		DOB (day & month only):	

I agree to receive AAPT e-newsletter and update emails.

Check box if you have a special mobility or dietary need.

CERTIFYING ENTITY:  PTCB  ExCPT  NE-CPhT  NOT CERTIFIED  OTHER: \_\_\_\_\_

WORK SETTING:  Inpatient  Community  Outpatient  LTC  Infusion  PBM  Nuclear  Veterinary

Oncology  Specialty  Non-Sterile Compounding  Other: \_\_\_\_\_

**Important Note:** AAPT is not responsible for lost or stolen items. By registering for this event you agree to release and hold harmless AAPT from and against all liabilities. **Photo/film release:** Photographs/film may be used of you in publications including electronic publication or audiovisual presentations, promotional literature, advertising or in other similar ways. By registering for this event you authorize photo/film release of your image.

**Method of Payment/Credit Card Authorization:** Total amount enclosed: \$ \_\_\_\_\_

Check payable to AAPT (Returned check fee \$25)  Money Order (checks must be drawn on US bank)

Credit Card (**a 2.19% processing fee will be added to credit card purchases**)

Visa  MasterCard  American Express

Card #:		Exp.Date (MM/YY):		CVV:	
Address:					
City:		ST:		Zip:	
Signature:					

(Refunds must be approved by AAPT Executive Board and subject to a \$25 Admin. Fee. No Refunds after July 15, 2019)

**RETURN COMPLETED REGISTRATION & PAYMENT TO:**

AAPT Convention 2019  
P.O. Box 391043, Omaha, NE 68139

**For Questions, please contact:**

[aapt@pharmacytechnician.com](mailto:aapt@pharmacytechnician.com)