

CONFERENCE ATTENDEE 1

First Name _____ Last Name _____
Company _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____
E-mail _____

Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

HBW Forum – Driving OTC/HBW sales in independent pharmacy

Yes, I will be attending the HBW Keynote/Luncheon Monday, June 11 only

Yes, I will be attending the HBW Program Monday, June 11–Tuesday, June 12 (no Monday one-on-one business appointments)

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

IMPORTANT DEADLINES

HDMA MUST receive all invoice payments in full prior to receiving the final appointment schedule during the week of May 7, 2012. Registration deadlines must be met in order to be included in the conference attendee list. *Company Registration: Monday, April 16, 2012; Individual Registration: Wednesday, June 6, 2012*

PAYMENT INFORMATION

First attendee: \$6,000 Second and third attendees: \$4,100 per person Fourth and subsequent attendees: \$3,100 per person

TOTAL \$ _____

Please charge my: Mastercard Visa American Express Check # _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card Number _____ Exp. _____

Signature _____

Make checks payable to HDMA. Payments to HDMA are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Tax ID #13-1088150.

FOUR EASY WAYS TO REGISTER!

1. Online: www.HealthcareDistribution.org/blc.asp

2. Secure and Confidential Fax: If paying by credit card, fax this form to HDMA Meetings & Conferences Department at (703) 812-0539

3. Mail: If paying by check, mail this form to HDMA, P.O. Box 79462, Baltimore, MD 21279-0462

No priority or overnight mail can be accepted at this address.

4. E-mail: reg@hdmanet.org

Cancellation Policy: visit www.HealthcareDistribution.org/blc.asp for cancellation and registration transfer information.

Questions — Contact HDMA's Meetings & Conferences Department at (703) 885-0278.

Please make copies of this registration form to include additional attendees.

CONFERENCE ATTENDEE 2

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

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CONFERENCE ATTENDEE 3

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

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CONFERENCE ATTENDEE 4

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

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