Discover Solutions Together
New decade, same host of challenges for Independent Pharmacy. If you’re looking for new ways to not only survive but also thrive, then the 2020 Independent Pharmacy Conference is the ideal antidote! This terrific event provides an opportunity for independent pharmacies from all 50 states to collaborate on solutions together.

Continuing Education
Knowledge is power. Access up to nine hours of business-focused Continuing Education courses, each featuring topics tailored to help your pharmacy flourish in today’s highly competitive marketplace. Get inspired and learn from the top influencers in the industry at the Independent Pharmacy Conference!

Trade Show
Meet 70+ of the industry’s leading vendors and discuss their solutions for your pharmacy. This celebrated show features an array of front-end vendors dedicated to help increase foot traffic in your store. Our pharmacy solution vendors will offer insight and ideas to help your pharmacy run smoother and more efficiently.

Networking Opportunities
You’ll have ample opportunity to exchange exciting and effective strategies you can plug into your pharmacy to grow your bottom line. Delightful receptions serve as perfect occasions to share ideas while creating lasting relationships – all while savoring great food, drink, and entertainment. You’ll also meet students from 10 pharmacy schools!

Register to Join Us Today!

Conference Rate $385/Night*

Registration includes: 1 Room at the Hyatt Regency Huntington Beach Resort & Spa (1 King or 2 Queen Beds), Continuing Education Courses, General Session & Keynote Speaker, Trade Show, Opening and Closing Night Dinner Receptions & Entertainment, Breakfast and Lunch on Friday & Saturday.

*Conference rate includes activities listed for 2 adults & 2 children.
**Registration Information** - Each hotel room reservation requires its own registration form.

<table>
<thead>
<tr>
<th>Pharmacy Group:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Group ID #:</td>
</tr>
<tr>
<td>Attendee Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preferred First Name for Badge:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
<td></td>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td></td>
<td></td>
<td></td>
<td>Cell Phone:</td>
<td></td>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
<td>Referred By:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td></td>
<td></td>
<td>Emergency Contact Phone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADA/Special Needs (inc. dietary):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attendee**

**GUESTS**

**Guest 1:**
- Legal Name: ____________________________
- ADA/Special Needs (inc. dietary): ____________________________
- Preferred First Name for Badge: ____________________________
- Does guest plan to attend the educational seminars?  [ ] Yes  [ ] No

**Guest 2:**
- Legal Name: ____________________________
- ADA/Special Needs (inc. dietary): ____________________________
- Preferred First Name for Badge: ____________________________
- Does guest plan to attend the educational seminars?  [ ] Yes  [ ] No

Child’s Name: ____________________________  Age: ______
- ADA/Special Needs (inc. dietary): ____________________________

**Conference Inclusive Rate = $385 per night**

Includes Conference registration for 2 adults and 2 children & 1 hotel room at the **Hyatt Regency Huntington Beach Resort & Spa**. Please enter resort arrival and departure dates below.

Check-in Date (mm/dd/yy): __________
Check-Out Date (mm/dd/yy): __________
I prefer: [ ] 2 Queen Beds  [ ] King Bed
Special Requests: ____________________________

**Optional Golf Outing - Thursday, April 23, 2020**

Would you like to participate in the optional Golf Outing ($99/person)?  [ ] Yes  [ ] No
Do you need rental clubs ($55)?  [ ] Yes  [ ] No

**Golfer 1:**
- Name: ____________________________
- Golf Handicap: ______
- Rental Clubs: Left or Right Handed? ______

**Golfer 2:**
- Name: ____________________________
- Golf Handicap: ______
- Rental Clubs: Left or Right Handed? ______

**Payment Information**

<table>
<thead>
<tr>
<th>Payment by Credit Card</th>
<th>Charge my:</th>
<th></th>
<th>Visa</th>
<th></th>
<th>MasterCard</th>
<th></th>
<th>AmericanExpress</th>
<th></th>
<th>Discover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card #:</td>
<td></td>
<td></td>
<td>Exp Date:</td>
<td></td>
<td>Security Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing Address:</td>
<td></td>
<td></td>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardholder’s Name:</td>
<td></td>
<td></td>
<td>Signature:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cancellation Policy: Cancellations received at least 60 days prior to the start of the event (April 23, 2020) may be eligible to receive a full refund minus a $50 service fee. Cancellations received less than 60 days prior to the start of the event are non-refundable, unless the cancellation is due to death or medical emergency in the traveler’s immediate family (proof of death or medical emergency required). All cancellations must be communicated in writing to Aimee.Biba@ipcrx.com.