

2023 District Five NABP/AACP — 86th Annual Meeting

Wednesday—Friday, August 9-11, 2023

Rough Riders Hotel, 301 3rd Avenue, Medora, North Dakota 58645

Name: _____

Representative of: ___ Pharmacy Board ___ College of Pharmacy ___ Other

Organization: _____

Street Address: _____

City: _____ Province/State: _____ Postal Code: _____

Phone: _____ E-mail: _____

Spouse/Guest Name: _____

Dietary Restrictions: _____

	EARLY BIRD REGISTRATION (ON OR BEFORE JULY 7, 2023)	REGISTRATION AFTER JULY 7, 2023
Full Registration (including social events)	\$ 400.00 U.S.	\$ 440.00 U.S.
Single Day Registration: <i>Circle Day</i> (including social events) Wed Th Fri	\$ 250.00 U.S.	\$ 275.00 U.S.
Spouse/Guest	\$ 175.00 U.S. (includes all meals & Thursday evening dinner & entertainment)	\$ 200.00 U.S. (includes all meals & Thursday evening dinner & entertainment)
Children Name(s):	\$ 50.00 U.S. (includes all meals & Thursday evening dinner & entertainment)	\$ 60.00 U.S. (includes all meals & Thursday evening dinner & entertainment)
For catering purposes, please indicate the <i>number</i> of persons attending: <input type="radio"/> Registrant <input type="radio"/> Spouse/Guest <input type="radio"/> Children (Number: _____) Total Persons Attending: _____		Additional unregistered guests may attend the Thursday evening dinner & entertainment at a cost of \$60.00 (U.S.) per person. Name(s): _____

Payment Information: Please make check/money order payable to:

→ **District Five NABP/AACP**

Please indicate:

☐ Registering by mail

☐ Registering by e-mail

Check/money order in the amount of \$ _____ is enclosed

Check/money order in the amount of \$ _____ will follow

→ For credit card payment: Please complete page 2 of this form

RETURN FORM BY MAIL OR E-MAIL TO:

HOTEL INFORMATION:

Lloyd K. Jessen, Secretary/Treasurer

District Five NABP/AACP

931 Briar Rdg

West Des Moines

Iowa 50265-5784

E-Mail: LKJessen@aol.com

Theodore Roosevelt Medora Foundation

Medora, North Dakota 58645

Phone: 800-633-6721 • Online: <https://medora.com/book/>

Block Name: North Dakota Board of Pharmacy

Room Rates of \$192 to \$257/night includes tax

Hotel must be booked by Friday, July 7, 2023

Credit Card Authorization Form

Please e-mail this completed form to: LKJessen@aol.com

Name on the Card: _____

Type of Card: ☐ Visa ☐ MasterCard

Card number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Event Name & Date: *District Five Annual Meeting, August 9-11, 2023*

Amount to be charged: \$ _____

(Charge will appear as "District Five NABP/AACP" on your credit card statement)

By signing this form, you authorize District Five NABP/AACP to charge your card for the amount listed above.

Signed: _____

Date: _____

Credit Card held on file, only to be charged if items/facility damaged or if balance due not paid in full. Organization/Client will be notified before any charges are made.