

# Society of Air Force Pharmacy Midyear Meeting

## 29 April-1 May 2010

# Registration Form

BADGE LINE 1: Nickname or First Name \_\_\_\_\_

BADGE LINE 2: Formal Name including your Rank, First Name, Last Name, Corps and Service as appropriate for your branch, and Designations (RPh, PharmD, etc.) \_\_\_\_\_

ORGANIZATION/DUTY STATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/Zip or PROVINCE/ POSTAL/CODE COUNTRY (IF NOT USA) \_\_\_\_\_

DAYTIME PHONE/ DAYTIME FAX or EMAIL (REQUIRED FOR CONFIRMATION) \_\_\_\_\_

Is this your  BUSINESS OR  HOME ADDRESS

Badges are required for guests. If a guest will accompany you, please indicate here for planning purposes.

Guest Name: \_\_\_\_\_

If you require auxiliary services under the Americans with Disabilities Act, contact TSgt Tracy Bisarra at 813-827-9273 by Friday, April 9, 2010

Hearing  Sight  Wheelchair  Other \_\_\_\_\_

**Job Function: (please circle one)**

Pharmacist Technician Other(Please Specify) \_\_\_\_\_

**Position: (Please circle one, only if active military.)**

Officers		Enlisted			Other
<input type="checkbox"/> 0-6	<input type="checkbox"/> 0-5	<input type="checkbox"/> E-9	<input type="checkbox"/> E-8	<input type="checkbox"/> E-7	
<input type="checkbox"/> 0-4	<input type="checkbox"/> 0-3	<input type="checkbox"/> E-6	<input type="checkbox"/> E-5	<input type="checkbox"/> E-4	
<input type="checkbox"/> 0-2	<input type="checkbox"/> 0-1	<input type="checkbox"/> E-3	<input type="checkbox"/> E-2	<input type="checkbox"/> E-1	

**Branch of Service :** (Complete only if active military.)

Air Force  Air Force Reserve  Air National Guard  Army  Army National Guard  
 Army Reserve  Coast Guard  Navy  Navy Reserve  Other \_\_\_\_\_

**Registration (please circle one)**

By April 16                      After April 16

Military Includes Army, Navy, Air Force, Coast Guard, Reservists.

ME \$50                      ML \$75

Federal Personnel (GS, NSPS, Govt Contractor) and Retired Military.

FE \$50                      FL \$75

Other

OE \$50                      OL \$75

Payment Information: (we are unable to accept Credit Cards)

Cash \_\_\_\_\_ Check \_\_\_\_\_

**Total Due \$** \_\_\_\_\_

Make Checks Payable to:

SAFP

Mail to: Julie Smith

4012 W. Morrison Ave

Tampa, FL 33629

**A Brighter Future for Pharmacy; Mission Ready-Customer Focused!**