



TO: Brian Goerlich

EMAIL: bgoerlich@ncpdp.org

PHONE NUMBER: 480-477-1000, ext. 109

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (with extension): _____ Fax Number: _____

Email: _____

- checkbox This is my first NCPDP Technical Work Group Meeting
checkbox I plan to attend but am undecided on the specific work group(s)

- checkbox WG1 Telecommunication
checkbox WG2 Product Identification
checkbox WG7 Manufacturer and Associated Trading Partner Transaction Standards
checkbox WG9 Government Programs
checkbox WG10 Professional Pharmacy Services
checkbox WG11 ePrescribing and Related Transactions
checkbox WG14 Long Term and Post Acute Care
checkbox WG16 Property and Casualty /Workers' Compensation
checkbox WG45 External Standards Assessment, Harmonization, and Implementation Guidance
checkbox MC Maintenance and Control

Payment Information (\$450) (All fees are payable in U.S. funds drawn on U.S. banks)

- checkbox Visa
checkbox MasterCard
checkbox American Express
checkbox Check Enclosed

Name (as it appears on card): _____

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

For ADA requests (accessibility, lodging, dietary), please contact Kim Dixon-Williams, CMP at 480-477-1000, ext. 113 or kdwilliams@ncpdp.org. Requests should be made at least two weeks prior to the meeting date.

Important note: For your name to be included on the attendee roster, your registration must be received in the Council office no later than January 19, 2018.