



TO: Brian Goerlich

EMAIL: bgoerlich@ncdpd.org

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

Please Type or Print

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

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

- WG1 Telecommunication
- WG2 Product Identification
- WG7 Manufacturer and Associated Trading Partner Transaction Standards
- WG9 Government Programs
- WG10 Professional Pharmacy Services
- WG11 ePrescribing and Related Transactions
- WG14 Long Term and Post Acute Care
- WG16 Property and Casualty /Workers' Compensation
- WG18 Specialty Pharmacy
- WG45 External Standards Assessment, Harmonization, and Implementation Guidance
- MC Maintenance and Control

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

- Visa
- MasterCard
- American Express
- 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@ncdpd.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 July 20, 2018.