

## 2010 EARLY BIRD REGISTRATION FORM

**COMPLETE THIS FORM AND FAX TO YOUR DC SALES ADMINISTRATOR. QUESTIONS? CALL 866.325.0365.**

NOTE: Please print or type the information requested. Each registration form must be complete in order for it to be accepted. If the information requested is not complete, your registration form will be returned.

### GENERAL INFORMATION

1  **PRIMARY CONTACT NAME** BUYER:  Y  N

**TITLE** (CHECK ALL THAT APPLY):  PHARMACIST  OWNER  PHARMACY MANAGER  TECHNICIAN  
 OTHER (PLEASE DESCRIBE) \_\_\_\_\_

2 **FIRST-TIME ATTENDEE?**  Y  N

3  **STORE NAME**

STORE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( ) ( )  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

PRIMARY ACCOUNT NUMBER DC LOCATION

NPI NUMBER

**ADDITIONAL ACCOUNT NUMBERS:** If you will be purchasing for accounts other than the account listed above, please list all additional account numbers on a separate sheet and submit it with this form.

### HOTEL AND ROOM INFORMATION

**NOTE:** A separate registration form is required for each room reservation. Hotel package pricing is valid for stays beginning on or after June 26 and ending on or before July 1. Reservations outside these dates are subject to date and rate availability. **The Venetian Resort is an all-suite hotel. Each suite is equipped with a fold-out sofa in the living area.**

4  **I WILL MAKE MY OWN HOTEL ARRANGEMENTS**

5    2010    2010  Y  N  
**ARRIVAL DATE DEPARTURE DATE OPTIONAL ADDITIONAL NIGHTS**  
(SEE LINE 9 UNDER PACKAGE INFORMATION)

**ROOM TYPE:**  DOUBLE BEDS  KING BED  NON-SMOKING  SMOKING

SPECIAL REQUESTS/PHYSICAL RESTRICTIONS \_\_\_\_\_

6 **ADDITIONAL ATTENDEES** (PLEASE LIST ADULTS FIRST):

BUYER:  Y  N

TITLE: \_\_\_\_\_ AGE (IF CHILD):

BUYER:  Y  N

TITLE: \_\_\_\_\_ AGE (IF CHILD):

BUYER:  Y  N

TITLE: \_\_\_\_\_ AGE (IF CHILD):

BUYER:  Y  N

TITLE: \_\_\_\_\_ AGE (IF CHILD):

### PACKAGE INFORMATION

7 **HOTEL AND EVENT PACKAGES** (CHOOSE ONLY ONE)

EXTENDED PACKAGE	<input type="checkbox"/>	\$1,790	→	\$ <input type="text"/>
PACKAGE A	<input type="checkbox"/>	\$1,590	→	\$ <input type="text"/>
PACKAGE B	<input type="checkbox"/>	\$1,425	→	\$ <input type="text"/>
PACKAGE C	<input type="checkbox"/>	\$1,160	→	\$ <input type="text"/>

8 **PACKAGE OPTIONS**

ADULT PACKAGE	Qty <input type="text"/>	x \$575 =	→	\$ <input type="text"/>
YOUTH PACKAGE	Qty <input type="text"/>	x \$100 =	→	\$ <input type="text"/>
TRADE SHOW ONLY	Qty <input type="text"/>	x \$125 =	→	\$ <input type="text"/>
FINAL NIGHT PARTY	Qty <input type="text"/>	x \$75 =	→	\$ <input type="text"/>

9 **ADDITIONAL NIGHTS**

Qty  **NOTE: Subject to availability**

10 **GRAND TOTAL\***

This is the dollar amount that will be billed to you by your DC or to your credit card, depending upon payment type selected. Please speak to your sales representative if you require a prepay account to be set up at your DC.

\$

\* Costs relating to additional nights and suite upgrades are not included above. An associate with Trade Show registration will contact you to discuss available options.

### PAYMENT INFORMATION

**CANCELLATION POLICY:** Last day to cancel your registration without penalty is June 1, 2010

BILL THROUGH DC

OR

CHARGE CREDIT CARD ONSITE

**NOTE:** Due to new security standards implemented by the payment card industry (PCI-DSS), we no longer require credit card information on this registration form. Please provide your credit card in person at the conference registration desk. We will charge your credit card at that time.

**CUSTOMER SIGNATURE** (REQUIRED):

DATE (REQUIRED):

**SALES REPRESENTATIVE'S NAME:**  
(REQUIRED - PLEASE PRINT)

**IMPORTANT:** By signing this registration form, I/we agree to and understand the terms and conditions to the 2010 McKesson Pharmacy Strategies Conference as set forth in the show packet. Hotel reservations must be made in advance, and with the agreement in mind, my signature authorizes McKesson to make arrangements for my/our presence on the trip to the 2010 McKesson Pharmacy Strategies Conference. All prepaid accounts are subject to distribution center approval. I further understand that if for any reason beyond McKesson's control (such as fuel shortage, government restriction, Act of God, etc.) the trip is canceled, my money will be refunded.

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SALES ADMINISTRATOR USE ONLY  
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