

2007 Conference Registration Form

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

GENERAL INFORMATION

1 BUYER: Y N
PRIMARY CONTACT NAME

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 _____

EMAIL _____

PRIMARY ACCOUNT NUMBER _____ DC LOCATION _____ DC 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 July 6 and ending on or before July 11. Reservations outside these dates are subject to date and rate availability. **Hotel assigned based on room type and dates of travel.**

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

5 JULY 2007 JULY 2007 Y N
ARRIVAL DATE **DEPARTURE DATE** **OPTIONAL ADDITIONAL NIGHTS**
 (SEE LINE 9 UNDER PACKAGE INFORMATION)

ROOM TYPE: DOUBLE BEDS KING BED PLEASE CONTACT ME ABOUT A SUITE UPGRADE
 NON-SMOKING SMOKING (AVAILABILITY OF SMOKING ROOMS IS LIMITED)

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 **FULL HOTEL AND SHOW PACKAGES** (CHOOSE ONLY ONE)

EXTENDED PACKAGE \$1,790.00 → \$

PACKAGE A \$1,590.00 → \$

PACKAGE B \$1,425.00 → \$

PACKAGE C \$1,260.00 → \$

8 PACKAGE OPTIONS

ADULT PACKAGE Qty x \$500.00= → \$

YOUTH PACKAGE Qty x \$125.00= → \$

TRADE SHOW ONLY Qty x \$150.00= → \$

FINAL NIGHT PARTY Qty x \$100.00= → \$

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, 2007

BILL THROUGH DC
OR
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

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 McKesson Trade Show 2007 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 McKesson Trade Show 2007. 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
 2007WEB REG. NO.