McKESSON PHARMACY STRATEGIES CONFERENCE
LAS VEGAS • JUNE 27–JULY 1, 2010

McKESSON
Empowering Healthcare

2010 REGISTRATION FORM

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

NOTE: Please print or type 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 _____ 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

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 Palazzo 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 JUNE D D 2010 **ARRIVAL DATE**

M D D 2010 **DEPARTURE DATE**

☐ Y ☐ N **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 **FULL HOTEL AND SHOW PACKAGES** (CHOOSE ONLY ONE)

EXTENDED PACKAGE	☐	$1,890 →	$
PACKAGE A	☐	$1,690 →	$
PACKAGE B	☐	$1,525 →	$
PACKAGE C	☐	$1,260 →	$

8 **PACKAGE OPTIONS**

ADULT PACKAGE	Qty ☐	x $600 = →	$
YOUTH PACKAGE	Qty ☐	x $125 = →	$
TRADE SHOW ONLY	Qty ☐	x $150 = →	$
FINAL NIGHT PARTY	Qty ☐	x $100 = →	$

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): M M D D Y Y

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
2010WEB REG. NO. ☐☐☐-☐☐☐