

24th Annual Southwest Pharmacist Recovery Network (SWPRN) Meeting

September 23-25, 2011

Registration Form

**This registration form contains 2 pages for registration to be complete both pages must be completed**

Name \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_

If you prefer your name badge read differently from name shown above – such as Nickname, please print your preference below:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Fax Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Early Registration Fee: \$376.00 After September 3, 2011: \$396.00

*Registration Fee Includes accommodation fee for 9-23-11 & 9-24-11 additional nights add \$133.00/night.*

Spouse/Guest Fee: \$75.00 After September 3, 2010: \$95.00

*Registration fee includes lunch, banquet and breakfasts.*

Enclosed is my payment of \$\_\_\_\_\_ to cover the above registration fee(s)

Circle One: MasterCard Visa Discover American Express

Print Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification # (last three digits on signature line): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please make checks payable to SWPRN Inc.

Mail to: SWPRN Inc.  
C/O OPhA  
P.O. Box 18731  
Oklahoma City, Oklahoma 73154  
(405) 557-5775 Fax # (405) 528-1417

Combined Annual 23<sup>rd</sup> SWPRN/19<sup>th</sup> HPRN Meeting  
Registration Form (Continued)

The hotel for the conference is:  
Glen Eyrie  
3820 North 30<sup>th</sup> Street  
Colorado Springs, Colorado 80904

Room rates are \$133.00 per night double occupancy. This rate will be honored through August 29, 2011. Please make your reservation by calling SWPRN 1-800-260-7574 Ext # 5775 or fill out information below and submit to SWPRN. Indicate you are with Southwest Pharmacy Recovery Network (SWPRN).

Room Reservation: SWPRN will make room reservation at Glen Eyrie Conference Center. Room reservations \$133.00 per night double occupancy are included in registration fee for 9-23-11 and 9-24-11, additional nights \$133.00 per night.

Room Needs -- Name Participant: \_\_\_\_\_

Name Guest/Room mate: \_\_\_\_\_

**To insure that enough food is available at each food event please complete the following:**

I plan to attend (please check all that apply). Meals are included in registration fee.

\_\_\_\_\_ Lunch Saturday 9-24-11

\_\_\_\_\_ Banquet Saturday evening 9-24-11

\_\_\_\_\_ Breakfast Sunday morning 9-25-11