NC Oncology Pharmacists Association Annual Meeting

ATTENDEE REGISTRATION FORM

Name:  
Member #: NCOP_______ or N/A

Degree:  
- RPh
- PharmD
- BCOP
- CPhT
- Other

Business/Practice Site:  

Preferred Mailing Address:  

Phone #:  

Email:  

Fax:  

Category:  
- Pharmacist
- Technician
- Student ($25)
- Speaker
- Resident (free with letter from director)

Pharmacist Registration:  

<table>
<thead>
<tr>
<th># of attendees</th>
<th>Member Fees</th>
<th>Non-Member Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday &amp; Saturday</td>
<td>$110 ($130 after 6/30/10)</td>
<td>$130 ($150 after 6/30/10)</td>
</tr>
<tr>
<td>Saturday only</td>
<td>$100 ($120 after 6/30/10)</td>
<td>$120 ($140 after 6/30/10)</td>
</tr>
</tbody>
</table>

Technician Registration:  

<table>
<thead>
<tr>
<th># of attendees</th>
<th>Member Fees</th>
<th>Non-Member Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday &amp; Saturday</td>
<td>$60 ($80 after 6/30/10)</td>
<td>$70 ($90 after 6/30/10)</td>
</tr>
<tr>
<td>Saturday only</td>
<td>$50 ($70 after 6/30/10)</td>
<td>$60 ($80 after 6/30/10)</td>
</tr>
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</table>

Additional guests/spouses for meals (CE NOT INCLUDED):  

<table>
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<tr>
<th># of attendees</th>
<th>Member Fees</th>
<th>Non-Member Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday dinner</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Saturday lunch</td>
<td>$25</td>
<td></td>
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</table>

NCOP membership  

<table>
<thead>
<tr>
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<th>Member Fees</th>
<th>Non-Member Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCOP membership (2010)</td>
<td>$10</td>
<td></td>
</tr>
</tbody>
</table>

Please note any dietary information  
- Kosher
- Vegetarian
- Gluten or other allergy ______________

Total Fee Enclosed___________ (please specify amount)

Make Check Payable to: North Carolina Oncology Pharmacists Association

Visa/Master Card/American Express (Please Circle One)

Name as it appears on card_________________________________________
Account #_________________________Exp. Date____________________Security Code__________

☐ Same as mailing address above OR Address for card bill: _____________________________

Signature_____________________________________________________________________

Mail completed form to: Sally Barbour, 10346 Nash, Chapel Hill, NC 27517  OR  Fax to: (919)668-3895
Friday, August 13, 2009

3:00 pm Check-in at The Umstead
4:30-6:30 pm Exhibit set-up
6:30-7:30 pm Registration and Reception (Salon Terrace/ Ballroom Prefunction)
7:30-8:00 pm Dinner (Salon)
8:00-9:00 pm Multiple Myeloma Debate
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P)
   Kamakshi Rao, PharmD, BCOP University of NC Hospitals and Clinics, Chapel Hill, NC

Saturday, August 14, 2010 (all presentations held in the Ballroom)

7:30-8:30 am Registration (Ballroom Prefunction)
7:30-8:30 am Breakfast (Salon)
8:30-8:30 am Welcome and Announcements
8:30-9:30 am Pharmacogenomics
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P)
   Christine Walko, PharmD, BCOP UNC School of Pharmacy, Chapel Hill, NC
9:30-10:30 am R-CHOP Remains the Gold Standard for First-Line Therapy of Follicular Lymphoma?
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P)
   John Valgus, PharmD, BCOP, CPP, University of NC Hospitals and Clinics, Chapel Hill, NC
   Donald Harvey, PharmD, BCOP, Emory University Winship Cancer Institute, Atlanta, GA
10:30-11:00 am Break and check out (Ballroom Prefunction)
11:00-12:00 pm Research Update
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P)
   Residents from WFUBMC, DUMC and UNC
12:00-12:45 pm Lunch (Salon)
12:45-1:45 pm New Drug Update
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P/T)
   Jolynn Sessions, PharmD, BCOP Charles George VA, Asheville, NC
1:45-2:45 pm Medication Errors
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P/T)
2:45-3:00 pm Break (Ballroom Prefunction)
3:00-4:00 pm Clinical Pearls in the Outpatient Clinics (REMS, Reimbursement)
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P/T)
   Lew Iacovelli, PharmD, BCOP Moses Cone Cancer Center, Greensboro, NC
4:00-5:00 pm Practical Issues with Chemotherapy Preparation (USP797/NIOSH/Closed System)
   ACPE UPN # xxx-999-10-xxx-xx-x-P (knowledge-based activity) 0.1 hr CEU (P/T)
   Kenneth Latta, BS, RPh, Duke University Medical Center, Durham, NC
5:00pm Wrap-up/Evaluation
### Meeting Registration:

<table>
<thead>
<tr>
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<th>Fees before 6/30/10</th>
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<tbody>
<tr>
<td><strong>Friday and Saturday-Pharmacists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCOP Members</td>
<td>$110.00</td>
<td>NCOP Members</td>
</tr>
<tr>
<td>Non-members</td>
<td>$130.00</td>
<td>$130.00</td>
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**Target Audience:** Pharmacists and Technicians

**Registration:** All participants are required to complete a registration form prior to the registration deadline. However, your space will not be reserved until full payment is received.

**Refund Policy:** Refund requests will be honored if received in our office up to two (2) working days prior to the program date. The amount refunded will be 70% of the registration fee. You may, of course, send a substitute. If you register but do not attend or do not cancel, you or your employer will be billed for the full amount of the registration fee.

**Continuing Education Credit:** To receive CE credit, participants must pre-register, acknowledge their attendance, and sign the sign-in roster. Statements of credit will be mailed upon completion of the CPE Attendance Verification Form and program evaluation form. If there are any guests or spouses who would like to claim continuing pharmacy education, they must register for the meeting separately.

### Hotel Information:

The Umstead Hotel and Spa, Cary, NC
100 Woodland Pond
Cary, North Carolina 27513
Main Telephone Number: (919) 447-4000

**if using a GPS Navigation System, please use the following address:** 5 SAS Campus Drive, Cary, North Carolina 27513

**Room reservations:**
A block of rooms has been reserved at a special rate of $190. Reservations must be made no later than **Tuesday, July 13, 2010.** Reservations may be made by phone at 1-866-877-4141 and using code NCOP0310 or online with the following link: [https://reservations.hotelier.com/crs/g_reservation.cfm?groupID=402101&hoteID=15110](https://reservations.hotelier.com/crs/g_reservation.cfm?groupID=402101&hoteID=15110)

**ROOMS MUST BE CANCELLED WITHIN 24 HOURS IN ADVANCE OR YOU WILL BE BILLED.**

**Driving Directions:**
From Durham or points West including RDU Airport take I-40 East toward Raleigh. Take exit 287 which is North Harrison Avenue. Turn right onto North Harrison Avenue. At your first traffic light turn left onto SAS Campus Drive. The Umstead Hotel & Spa, 100 Woodland Pond is the first road on your left.

From Raleigh or points East take I-40 West toward Durham/Chapel Hill. Take exit 287 which is North Harrison Avenue. Turn left onto North Harrison Avenue. At your second traffic light turn left onto SAS Campus Drive. The Umstead Hotel & Spa, 100 Woodland Pond is the first road on your left.

**Parking:**
For one-day attendees ONLY, valet parking is required. Please follow the appropriate signage.