

Pre-Registered Attendee Mailing List Order Form

This form must be returned to APhA no later than February 17, 2023.

The APhA2023 pre-registration mailing list includes name, company (if included on the registration form) mailing address and e-mail.

Price: \$1,500 per order

March.

Company Name:			
Primary contact and title:			
Booth #:	Telephone:		Email:
Credit Card Payment:	□ VISA	☐ American Express	□ Master Card
Card Number:			
Expiration Date:		Amount:	<u> </u>
Name as it appears on the	e Card:		
Street address and zip co	de of billing add	dress:	
	pe entered into a	any electronic databases. B	cion of names is prohibited. y signing this agreement, the ove rules governing the use of
Signature:			Date:
			mail in excel format in early

John Russell American Pharmacists Association 2215 Constitution Avenue, NW Washington, DC 20037 Phone: 202-429-7570

Email: jrussell@aphanet.org