



RxIMPACT Day on Capitol Hill
 March 10 & 11, 2010 • Washington, DC

Event Registration Form

One completed event registration form per participant (not company) is required.

Registrant Information

Company Name: _____

First Name: _____ Middle: _____ Last: _____ Suffix: _____

Nickname (for Badge): _____

Professional Designation: _____ Title: _____

I am a student pharmacist attending the following school: _____

Phone: _____ Ext.: _____

E-Mail: _____ Fax: _____

Addresses

Home Mailing Address: To schedule meetings with the Members of Congress representing the address where you live and vote, please provide your home address below, as this address is required by policymakers to schedule your meetings. This information will not be used for any other purpose than scheduling meetings and will not be distributed.

Important note: Members of Congress will not schedule appointments with individuals listing PO Boxes or mailstops, as these are not acceptable addresses for voter registration.

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Zip/Mail Code: _____ Country: _____

Physical Work Address: To increase the number of meetings we can schedule on your behalf, please also provide a second address, your physical work address, for us to schedule a meeting with the policymakers representing your place of business. This secondary address is important as your place of business provides goods and/or patient care services to constituents in the policymaker's district. This information will not be used for any other purpose than scheduling meetings and will not be distributed.

Important note: Members of Congress will not schedule appointments with individuals listing PO Boxes or mailstops, as these are not acceptable addresses.

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Zip/Mail Code: _____ Country: _____

1. Please indicate your connection to the community. _____

2. Did you participate in the 2009 RxIMPACT Day on Capitol Hill? Yes No

3. I am available to serve as a Team Leader. Yes No

4. If so, please provide a cell phone number for use during event. _____

5. Were you asked to participate by a Pioneer/Event Founder? Please provide us with their name. _____

6. If you are a Pharmacy student, please indicate at which school. _____

7. Please note any special disability, food menu or scheduling requirements (i.e. not available for Hill through 5 p.m. due to travel schedule) you may have: _____



RxIMPACT
Take a Stand For Better Healthcare

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Welcome Dinner & Congressional Visits Participation

Please check all that apply:

Welcome Dinner, 7:00 p.m., Wednesday, March 10, 2010, The W Hotel, Washington, D.C.

- Yes, I will be attending the Welcome Dinner.
 No, I will not be attending the Welcome Dinner.

RxImpact Day on Capitol Hill, Thursday, March 11, 2010, Capitol Hill, Washington, D.C.

- Yes, I understand NACDS will be scheduling appointments on my behalf and I can participate in this event only if I have completed and returned this event registration form.

Hotel Information

The W Hotel
515 15th Street, NW
Washington, D.C. 20004
Main Phone Number: 202.661.2400
W Hotel General Reservation Number: 877.946.8357
Website: www.whothotels.com

NACDS Room Rate: \$319.00 per night • Rate Cut-off Date: Tuesday, February 9, 2010.

Hotel reservations can be made directly with the W Hotel, Washington, D.C. by calling the hotel's reservation department at 202.661.2400 or their main reservation office at 877.946.8357. Be sure to mention NACDS when booking your reservation.

NACDS has secured a limited block of rooms at the special rate of \$319.00 per night, single or double occupancy. Please make your reservation as soon as possible; the hotel cut-off date is 5:00 p.m. EST Tuesday, February 9, 2010.

NACDS Contact

Please direct all questions:

Heidi Ecker
NACDS Director of Government Affairs and Grassroots Programs
Phone: 703.837.4121
Fax: 703.838.2182
E-mail: Hecker@nacds.org

**Please Return Completed Event Registration Forms
to Heidi Ecker by February 10, 2010**