



NEXUS2020

Making the Way for Innovation

OCTOBER 20-23 ■ MGM GRAND ■ LAS VEGAS

Full payment must accompany this form for registration to be processed. Confirmation notices will be sent to confirmed attendees via email.

ATTENDEE INFORMATION *(required)*

FIRST NAME _____ LAST NAME _____

AMCP ID NUMBER (IF APPLICABLE) _____ TITLE _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

ATTENDEE TELEPHONE _____ ATTENDEE EMAIL ADDRESS _____

REGISTRATION FEES/CATEGORIES *(please check appropriate box)*

JOIN AMCP TO GET MEMBER RATES! Visit www.amcp.org

	Early Bird <i>rec'd before 8/18/2020</i>		Advance <i>rec'd after 8/18/2020</i>		Regular <i>rec'd after 9/15/2020</i>	
	FULL	ONE DAY*	FULL	ONE DAY*	FULL	ONE DAY*
<input type="checkbox"/> Active Member <small>(pharmacist/MD/nurse/nurse practitioner/physician assistant)</small>	\$625	\$375	\$725	\$475	\$825	\$575
<input type="checkbox"/> Associate Member	\$725	\$475	\$825	\$575	\$925	\$675
<input type="checkbox"/> Non-Member	\$1025	\$775	\$1125	\$875	\$1225	\$975
<input type="checkbox"/> Resident/Fellow/Graduate Student Member		\$295		\$345		\$395
<input type="checkbox"/> Pharmacy Technician Member		\$295		\$345		\$395
<input type="checkbox"/> Student Pharmacist Member		\$175		\$175		\$225
<input type="checkbox"/> Name Change Fee		\$175		\$175		\$175

* If registering for one day, please indicate which day you will be attending: Wed Thur Fri

PRE-MEETING PROGRAMS

Residency Program Design & Conduct Training for Managed Care • Tues, Oct 20 • 8am-5pm

\$405 member/non-member

Pre-Approval Information Exchange (PIE): Implementing pre-approval communication strategies
Tues, Oct 20 • 8am-12noon | An AMCP and Xcenda Training Program

\$895 member/non-member
not inclusive of a Nexus 2020 registration

AMCP and Optum Advisory Services Training Program: Health Care Actuaries
Tues, Oct 20 • 11am-5:30pm

\$1,995 member/non-member
includes registration to Nexus 2020

AMCP Conference Buddy Program *(optional, please check if interested)* MENTOR MENTEE

AMCP student members, new practitioner members and seasoned pharmacist members are invited to participate in the AMCP Conference Buddy Program. **The deadline to register for the program is September 28, 2020. For more information, visit www.amcpmeetings.org and click on "Volunteer."**

* Please Note - AMCP has updated individual registration cancellation policies due to the COVID-19 pandemic. Visit amcpmeetings.org for more information.

DEMOGRAPHIC INFORMATION

- I. Which of the following best describes your employer? *(check one)*
- ACO/PCMH/Emerging Care Model
 - Association
 - College/University
 - Community Pharmacy
 - Consulting Firm
 - Government/Military
 - Health Information Technology/IT
 - Health Plan
 - Hospital
 - Integrated Delivery Network
 - Managed Markets Agency
 - Medical Education
 - Other *(specify)* _____
 - Medical/Physician Group
 - MTM Service
 - Not Employed
 - PBM or Mail Service
 - Pharmaceutical Industry
 - Quality Service Organization
 - Research/Data Analytics
 - Retired
 - Specialty Pharmacy
 - Wholesale/Distribution/GPO

- II. Which of the following best describes your job function(s)? *(check one)*
- Academic Faculty/Staff
 - Account Management
 - Case Manager
 - Clinical Pharmacist/Coordinator
 - Consultant
 - Contracting/Distribution/Supply Chain
 - C-Suite Member/VP
 - Formulary/Drug Use Mgmt
 - Government/Legal Affairs
 - Graduate Student
 - Marketing/Sales
 - Medical Affairs
 - Medical Directors/CMO
 - Not Employed
 - P&T Committee Mbr/Liaison
 - Other *(specify)* _____
 - PBM/Client Services
 - Pharmacy Director/Asst Director
 - Pharmacy Manager
 - Pharmacy Technician
 - Pharmacy/Provider
 - Network Management
 - President/CEO
 - Product/Program Devel
 - Profess./Trade Relations
 - Research-Outcomes/Clinical
 - Resident/Fellow
 - Retired
 - Staff/Operations Pharmacist
 - Student

- III. Indicate your license or eligibility for licensure below. *(check one)*
- MD
 - Not Applicable
 - Nurse
 - Nurse Practitioner
 - Other _____
 - Physician Assistant
 - Pharmacist
 - Pharmacy Technician

- IV. Indicate your reason for attending AMCP's national meetings. *(check one)*
- Continuing Education Credits
 - Enhance Knowledge/Skills
 - Information and Resources
 - Networking
 - Personal/Leadership Skills

- V. Is this your first AMCP conference? Yes No

METHOD OF PAYMENT

- Check made payable to Experient/AMCP for \$ _____
(in U.S. funds drawn on a U.S. bank)
- Charge my credit card *(Visa, MasterCard, American Express, Discover)*

CARD NUMBER _____ EXP DATE (MONTH/YEAR) _____

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) _____

CARDHOLDER SIGNATURE _____

AMCP FOUNDATION EVENTS

AMCP Foundation 7th Annual 5K Run \$40
Wed, Oct 21

please check t-shirt size: S M L XL XXL
please check here if you do not want a t-shirt:

Team Name: _____

AMCP Foundation Sunrise Yoga \$20 - Thursday
Thur, Oct 22 / Fri, Oct 23 \$20 - Friday

please check t-shirt size: S M L XL XXL
please check here if you do not want a t-shirt:

Team Name: _____

AMCP Foundation Sleep-in \$20

please check t-shirt size: S M L XL XXL
please check here if you do not want a t-shirt:

Team Name: _____

AMCP FOUNDATION DONATION

Make a non-refundable donation to the AMCP Foundation, a 501(c)3 nonprofit. Visit amcpfoundation.org for details.