



**NABP/AACP District III Meeting**  
**August 6 - 8, 2017**  
**The Seelbach Hilton, Louisville, KY**

**The Kentucky Board of Pharmacy and The Sullivan College of Pharmacy**  
**invite you to attend the**  
**2017 NABP/AACP District III meeting in Louisville, KY.**

**Registration Fees**

NABP/AACP Member .....\$275  
Non-NABP/AACP Members.....\$375  
Guest.....\$100

Please mail this registration form with payment (*check or money order only*) to:

**NABP District III**  
**Attention: Cindy Parham**  
**6015 Farrington Rd. Suite 201**  
**Chapel Hill, NC 27517**

Please make checks payable to : **NABP District III**

**If payment by Credit Card go to [www.nabpdistrict3.org](http://www.nabpdistrict3.org)**  
**Be sure to send registration form indicating payment method.**

Reserve hotel accommodations at **The Seelbach Hilton**  
[http://www.hilton.com/en/hi/groups/personalized/S/SDFSHHF-NABP-20170806/index.jhtml?](http://www.hilton.com/en/hi/groups/personalized/S/SDFSHHF-NABP-20170806/index.jhtml?WT.mc_id=POG)  
WT.mc\_id=POG

- Room rate is **\$149** per night + taxes. .

REFERENCE: NATIONAL ASSOCIATION OF BOARDS OF PHARMACY DISTRICT III  
GROUP CODE: **NABP** to get the conference rate.

If you have any questions concerning your registration please contact Cindy Parham  
by email at [cparham@ncbop.org](mailto:cparham@ncbop.org) or by phone at 919-246-0080.

Name: \_\_\_\_\_ NABP E-Profile #: \_\_\_\_\_

Title: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

School/Board/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Payment Method:      By Check                      By Credit Card