

Montana Pharmacy Association

Winter CE+



Ski Meeting

January 13 – 15, 2012

Buck's T-4 Lodge, Big Sky, Montana
(800) 822.4484 or (406) 995.4111



Registration Form

**Please make your own reservations and be sure to ask for the MPA Room Block.
When you call Buck's T-4 Lodge to book your room, ask for the Special Lift & Lodging Package
to save substantially on your ski lift tickets at either Big Sky Resort or Moonlight Basin.**

Our room block will be released on December 29, 2011.

PLEASE PRINT NAMES as you wish them to appear on name tags.

Name _____

Professional Affiliation: PharmD R.Ph. C.Ph.T. Student Other

Spouse/Guest Name _____

Place of Employment: _____ Phone: _____ Fax: _____

Address _____ City/State/Zip _____

Email _____

FULL REGISTRATION (Includes continuing education credits and meals):

	Member	Non-member	Saturday only Member	Saturday only Non-member
Pharmacist	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$345 (fee + dues)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$ 310
Pharmacy Technician	<input type="checkbox"/> \$ 125	<input type="checkbox"/> \$150 (fee + dues)	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$ 110
Pharmacy Student	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50

I would like to sponsor a Pharmacy Technician, Pharmacy Student or Technician Student for \$ _____

Conference Registration Fee: \$ _____

TOTAL REGISTRATION FEES PLUS SCHOLARSHIP DONATION: \$ _____

(over)

Conference registration fee includes meals. Saturday only registration fee includes Saturday meals.

Please use this section to purchase additional meals for your guests.

ADDITIONAL MEALS:	# of Meals	Amount Owed
Friday Dinner	___ @ \$37	\$ _____
Saturday Lunch	___ @ \$15	\$ _____
Saturday Dinner	___ @ \$37	\$ _____

Total Additional Meals: \$ _____

Grand Total: \$ _____

YES, I would like to pay online by credit card and understand I must access the MPA website at www.rxmt.org to remit my online payment.

OR

Make checks payable to:

MPA

PO Box 1569

Helena, MT 59624

406-449-3843

Fax: 406-442-8018

www.rxmt.org

Copy this form if
necessary to register
additional personnel!



RECREATIONAL OPPORTUNITIES (Please schedule your own activities):

Activities

Down Hill Skiing (Big Sky Resort)

Down Hill Skiing (Moonlight Basin)

Cross Country Skiing (Lone Mountain Ranch)

Jake's Horses

Snow Coach Tours Yellowstone Park

Zip Line Big Sky Resort

Snowmobiling (Canyon Adventures)

Dog Sledding

Solace Spa at Big Sky Resort

Moonlight Basin Spa

Contact Information

406.995.5000 www.bigskyresort.com

406.993.6000 www.moonlightbasin.com

406.955.4644 www.lmranch.com

406.995.4630 www.jakeshorses.com

www.yellowstonesnowcoaches.com

406.995.5769

www.snowmobilemontana.com

406.682.7994 www.huskeypower.com

406.995.5803 www.bigskyresort.com

888.565.7056 or 406.993.6606 www.moonlightbasin.com

MPA Cancellation Policy:

Full refunds will be given for cancellations made by December 24th, 2011. MPA will retain an administrative charge on all refund requests after that date. Refunds will not be given for no-shows.