

## REGISTRATION FORM

### HOW TO REGISTER

Fully complete the following form for individual registrations. If registering a group, complete the following for the group contact and attach a list of group attendees. For each attendee provide name, title, organization, work address, telephone number, and email address. Payment must accompany each registration.

**ONLINE:** Secure online registration at [www.PharmaPricingSummit.com](http://www.PharmaPricingSummit.com).

**MAIL:** 12320 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

**FOR REGISTRATION QUESTIONS:**

**PHONE:** 800-503-7419 Monday-Friday, 9 AM - 5 PM Pacific Time

**E-MAIL:** [reginfo@hconferences.com](mailto:reginfo@hconferences.com)

(Registration is not available by phone or e-mail.)

### COMPLETE THE FOLLOWING — PLEASE PRINT:

NAME \_\_\_\_\_

SIGNATURE OF REGISTRANT - REQUIRED \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### STANDARD INDIVIDUAL RATE:

- Payment received by 4/17/2026\*: \$995 \_\_\_\_\_
- Payment received by 5/1/2026\*\*: \$1,195 \_\_\_\_\_
- Payment received by 5/29/2026\*\*\*: \$1,395 \_\_\_\_\_
- Payment received after 5/29/2026: \$1,595 \_\_\_\_\_

### ACADEMIC/GOV/CLINIC INDIVIDUAL RATE\*\*\*\*:

- Payment received by 4/17/2026\*: \$795 \_\_\_\_\_
- Payment received by 5/1/2026\*\*: \$895 \_\_\_\_\_
- Payment received by 5/29/2026\*\*\*: \$995 \_\_\_\_\_
- Payment received after 5/29/2026: \$1,195 \_\_\_\_\_

### PCF MEMBER INDIVIDUAL RATE:

- Payment received by 4/17/2026\*: \$795 \_\_\_\_\_
- Payment received by 5/1/2026\*\*: \$995 \_\_\_\_\_
- Payment received by 5/29/2026\*\*\*: \$1,195 \_\_\_\_\_
- Payment received after 5/29/2026: \$1,395 \_\_\_\_\_

Optional Registration Code:

**TOTAL AMOUNT DUE:** \_\_\_\_\_

### METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators LLC), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person.

### TAX DEDUCTIBILITY

Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 800-503-7419.

### TERMS AND CONDITIONS

Program subject to change. Executed Registration Form constitutes binding agreement between the parties.

### PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Health Care Conference Administrators, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005-3187. You may also register online at the Pharmaceutical Pricing Summit website: [www.PharmaPricingSummit.com](http://www.PharmaPricingSummit.com).

- Check/money order enclosed  
(checks payable to Health Care Conference Administrators LLC)
- Payment by credit card:
  - American Express
  - Visa
  - Mastercard

Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

TOTAL \$ \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

Program subject to change. No refunds given for no-shows or cancellations. Executed registration form, online registration and e-mail confirmation constitute binding agreement between the parties.

\* This price reflects a discount for registration & payment received through April 17, 2026.

\*\* This price reflects a discount for registration & payment received through May 1, 2026.

\*\*\* This price reflects a discount for registration & payment received through May 29, 2026.

\*\*\*\* For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who teach full time or are full time students at an academic institution (i.e., a faculty member at a medical school or hospital residency program who also sees patients is a provider, not an academic); (2) "government" shall apply to individuals who are full time employees of federal, state or local regulatory agencies (i.e., a State university health system or local public hospital is a provider, not government); and (3) "clinic" shall apply to individuals who are full time employees of a Federally Qualified Health Center or safety net clinic.