

Regional Legislative Luncheon

May 6, 2017 - Clovis, CA

California Health Sciences University
45 N. Clovis Avenue, Room 102-A, Clovis, CA 93612
11:00 am - 3:00 pm



This program will inform participants about current California legislation that is affecting the pharmacy profession. In addition, attendees will have the opportunity to hear from local elected state legislators and receive the tools they need in order to effectively advocate on behalf of the profession regarding pharmacy practice and patient access issues to their elected Legislative Representative.

Legislative Day Objectives

After this program, participants will learn and understand:

- 2017 California state legislation that will affect the pharmacy profession.
- How to advocate for the pharmacy profession to local elected officials in the state legislature.

For more information & to register online, please visit www.cpha.com/RLL.

All pharmacists and pharmacy technicians are welcome to attend.

Registration **does not** require a CPhA or CSHP membership!

Agenda

11:00 am	Registration & Light Luncheon
12:00 pm	Welcome & Opening Remarks
12:45 pm	Legislative Basics
1:00 pm	Grassroots Advocacy
1:30 pm	2017 State Legislation Impacting the Pharmacy Profession
2:00 pm	Mid-Afternoon Program with Local Legislators
2:30 pm	Roundtable Discussions with Legislative Representative
3:00 pm	Closing Remarks

Registration Form

Name: _____

Company: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email Address*: _____

Current Position: Pharmacist Technician

Other: _____

*Email address is required to receive confirmation letter.

To register, please complete and return this form to:

CPhA, 4030 Lennane Drive, Sacramento, CA 95834

Fax: 916-779-1401 Phone: 916-779-4546

You can also register online at www.cpha.com/RLL.

Registration Fee

Pharmacists & Technicians \$49

Student Pharmacists \$20

Total: \$_____

*Registration fees are non-refundable and non-transferrable under any circumstance.
Registration includes coffee, lunch, and 1 contact hour of CE credit.*

Check: # _____

Credit Card: Visa Mastercard AMEX Discover

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Signature: _____



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