



UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY

“Expanding Medication Therapy Management Services in Maryland and Beyond”

First Maryland Medication Therapy Management Summit and Networking Reception at the New MPhA Headquarters
*MTM keynote, program, panel and roundtable sessions with 6 hours of CE**

Saturday, March 5, 2011 • 9:30 am to 5:30 pm • Baltimore, Maryland

Schedule of Events

9:30 am – 9:45 am	Registrations and Welcome
9:45 am – 10:45 am	MTM: Elements and Perceptions *
10:45 am – 11:15 am	MTM: Improving Public Health *
11:15 am – 11:30 am	Break
11:30 am – 12:00 pm	MTM: Developing a Business Model *
12:00 pm – 1:00 pm	Keynote: MTM & Health Care Reform *
1:00 pm – 4:15 pm	Exhibits: Posters and Sponsors
1:00 pm – 1:30 pm	Lunch Panel: Maryland P3 Program *
1:30 pm – 2:00 pm	Lunch Panel: Minnesota Fairview *
2:00 pm – 2:15 pm	Break
2:15 pm – 4:15 pm	Roundtable Sessions: Different MTM Models *
2:15 pm – 3:15 pm	Collaborative Practice / Community Pharmacy / * Kaiser Permanente / Shoppers-SuperVALU *
3:15 pm – 4:15 pm	Chain Consulting / Independent Consulting / * Academic Independent / Chain *
4:15 pm – 5:30 pm	Networking Reception at MPhA Headquarters

***This activity is eligible for continuing education credit. Please see final program announcement for specific details.**

To register for this MTM summit, please return this form and payment by **March 1, 2011** to the Maryland Pharmacists Association (MPhA) by **FAX: 410-727-2253** or **MAIL: 1800 Washington Blvd, Suite 333, Baltimore, MD 21230**. For more information or questions, call 410-727-0746.

Name: _____ Position/Title: _____
 Address: _____ Phone: _____
 _____ Fax: _____
 _____ E-mail: _____

Are you currently providing MTM services? **Yes / No** If yes, do you receive compensation? **Yes / No**

Fee: ___ \$45 for MPhA member pharmacist ___ \$20 for MPhA member student ___ \$25 for MPhA member technician
 ___ \$70 for non-member pharmacist ___ \$30 for non-member student ___ \$35 for non-member technician

Payment: ___ **Check** # _____ (payable to Maryland Pharmacists Association)
 ___ **Credit card** Name on Card: _____
 ___ Visa Number: _____ Sec. Code: _____
 ___ Mastercard Signature: _____ Exp. Date: _____

Cancellation Policy: Cancellation with at least 5 business days notice prior to the program would require **\$20 charge for administrative fee**. Registration is non-refundable within 5 business days of program. This program may be postponed or cancelled if at least 50 participants are not registered at 30 days in advance.