



Phone: 205-879-9924  
Fax: 205-879-9629  
[www.specialtypharma.org](http://www.specialtypharma.org)

6 Office Park Circle  
Suite 301 Birmingham,  
Alabama 35223

July 12, 2011

Dear Specialty Pharma Association Members and Guests:

I am pleased to present the registration forms for our **Fall Conference which will be held September 20-22, 2011 at the San Diego Marriott Marquis Hotel & Marina in San Diego, California.** The SPA is hosting a Golf Tournament on Tuesday morning, September 20th. We will host an opening Reception on Tuesday evening at the San Diego Marriott Marquis Hotel & Marina.

Our Guest Speakers on Wednesday and Thursday will include presentations from experts within the Specialty Pharma industry.

Enclosed you will find a Conference Agenda, a Conference Registration form and a Golf Tournament form. **Please return the Conference Registration Form and the Golf Tournament Form with your check no later than August 31, 2011.** Conference registration forms are available online at [www.specialtypharma.org](http://www.specialtypharma.org).

Information on the San Diego Marriott Marquis Hotel & Marina may be found at [www.marriott.com](http://www.marriott.com). The SPA has secured a block of rooms that are being held until **September 2, 2011.** After this date there is no guarantee there will be any rooms available.

**Please make your room reservations directly with the San Diego Marriott Marquis Hotel & Marina no later than September 2, 2011.**

The dress for the conference, receptions and meals will be business casual. The average temperature for this area for mid September is 75 high and 60 low.

Please make your reservations today to attend this important conference. I look forward to seeing you in September.

Sincerely,

*Perry N. Cole*  
President

**SPECIALTY PHARMA ASSOCIATION**  
**FALL CONFERENCE REGISTRATION FORM**

**SEPTEMBER 20-22, 2011**

**SAN DIEGO MARRIOTT MARQUIS HOTEL & MARINA**  
**SAN DIEGO, CALIFORNIA**

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing address: \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

The fee for this conference is \$595 for each member attendee plus \$295 for each member spouse. The spouse fee includes all receptions and meals. Non member fee is \$795 per attendee and \$395 for non member spouses. The fee for the Golf Tournament is \$175 per player. **Any registrations received after August 31, 2011 will be subject to \$200 per person additional charge. Any attendee joining us for meals or receptions only must be registered and the fee paid prior to the conference. Any cancellations after August 31, 2011 will not be refunded.**

Please make your check payable to the **Specialty Pharma Association** and mail this form with your check using the enclosed envelope **no later than August 31, 2011.** For credit card payments please complete and sign the enclosed form.

_____ <b>Member Attendees</b>	<b>\$595.00</b>	\$ _____
_____ <b>Member Spouses</b>	<b>295.00</b>	\$ _____
_____ <b>Non Members</b>	<b>795.00</b>	\$ _____
_____ <b>Non Member Spouses</b>	<b>395.00</b>	\$ _____
_____ <b>Golf Tournament</b>	<b>175.00</b>	\$ _____
<b>Total fees enclosed</b>		<b>\$ _____</b>

**SPECIALTY PHARMA ASSOCIATION**

**GOLF TOURNAMENT**

**REGISTRATION FORM**

**September 20, 2011**

Company name\_\_\_\_\_

Participants:

Handicap

Name\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_

\_\_\_\_\_

Total participants\_\_\_\_\_ @ \$175.00 each = \$\_\_\_\_\_ total fee. Please add this fee to

your Conference Registration Fee. Return this form with your payment and Conference

Registration Form **no later than August 31, 2011.**

## **SAN DIEGO MARRIOTT MARQUIS HOTEL & MARINA**

**333 West Harbor Drive  
San Diego, CA 92101  
619-234-1500**

The Specialty Pharma Association has reserved a block of rooms at the San Diego Marriott Marquis Hotel & Marina, the meeting site of the SPA's Fall Conference. The block of rooms will be held until **September 2, 2011**. After this date there is no guarantee that there will be any rooms available and the room rate may be increased.

The SPA's room rate for this conference is \$232.00 per night, plus tax, single or double occupancy. Please make your room reservations directly with the San Diego Marriott Marquis Hotel & Marina by calling 619-234-1500 or by booking online at the SPA's custom reservation website found on the SPA website. Be sure to mention the Specialty Pharma Association when making your reservations.

Additional information on the San Diego Marriott Marquis Hotel & Marina may be found by logging on to the SPA's website under Meetings and Events at [www.specialtypharma.org](http://www.specialtypharma.org).

**SPECIALTY PHARMA ASSOCIATION**  
**GOLF TOURNAMENT**  
**SEPTEMBER 20, 2011**  
**CARMEL MOUNTAIN RANCH COUNTRY CLUB**  
**14050 CARMEL RIDGE ROAD**  
**SAN DIEGO, CA 92128**  
**TWO PERSON SCRAMBLE**  
**TEE OFF AT 9:00 AM**  
**DEPART MARRIOTT HOTEL AT 7:30 AM**

Please make plans to join fellow SPA Members and Guests for an enjoyable round of golf at the beautiful Carmel Mountain Ranch Country Club. For more information on the Carmel Mountain Ranch Country Club Course please visit their website at [www.clubcmr.com](http://www.clubcmr.com)

Your round of golf will include transportation to and from the San Diego Marriott Marquis Hotel & Marina, cart fee, greens fees, practice range, lunch and beverages.

Appropriate golf attire and golf shoes are required. Prizes will be awarded.

**SPECIALTY PHARMA ASSOCIATION**

**FALL CONFERENCE CREDIT CARD PAYMENT FORM**

To pay your Conference Registration fee by credit card please complete and remit this form with your Conference Registration Form.

\_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Company name \_\_\_\_\_

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security code (3 digit number on back of card) \_\_\_\_\_

Cardholder name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

