

2025 ACCP Annual Meeting

"Leveraging Innovative Approaches to Transform Clinical Pharmacology"

September 14 – 16, 2025 • Phoenix, AZ



Developing Country Registration Rates

Registration Type	Registration Fee
Member – 3 Days	\$440
Non-member – 3 Days	\$715
Student Member – 3 Days	\$305
Student Non-member – 3 Days	\$435
Pre-meeting Workshops	
Pre-meeting Workshop – Full Day Member	\$245
Pre-meeting Workshop – Full Day Non-member	\$290
Pre-meeting Workshop – Full Day Student Member or Student Non-member	\$220

Developing Countries (as determined by the World Bank)

As of July 2025

Low Income Economies (World Bank Designation C)

Afghanistan	Korea, Dem. People's Rep.	Somalia
Burkina Faso	Liberia	South Sudan
Burundi	Madagascar	Sudan
Central African Republic	Malawi	Syrian Arab Republic
Chad	Mali	Togo
Congo, Dem. Rep.	Mozambique	Uganda
Eritrea	Niger	Yemen, Rep.
Gambia, The	Rwanda	
Guinea-Bissau	Sierra Leone	

Lower-Middle Income Economies (World Bank Designation D)

Angola	Ghana	Micronesia, Fed. Sts.	Sri Lanka
Bangladesh	Guinea	Morocco	Tajikistan
Benin	Haiti	Myanmar	Tanzania
Bhutan	Honduras	Namibia	Timor-Leste
Bolivia	India	Nepal	Tunisia
Cambodia	Jordan	Nicaragua	Uzbekistan
Cameroon	Kenya	Nigeria	Vanuatu
Comoros	Kiribati	Pakistan	Vietnam
Congo, Rep.	Kyrgyz Republic	Papua New Guinea	West Bank & Gaza
Côte d' Ivoire	Lao PDR	Philippines	Zambia
Djibouti	Lebanon	São Tomé and Príncipe	Zimbabwe
Egypt, Arab Rep.	Lesotho	Senegal	
Eswatini	Mauritania	Solomon Islands	

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Registration Form

Developing Countries

Email Questions to: Reg@ACCP1.org

ACCP is offering special registration rates for Attendees from developing countries as determined by the World Bank. Attendees must currently reside or work in a qualified country in order to be eligible for this discounted rate.

First Name		Last Name		Suffix	
Degree(s)		Job Title			
Company			Department		
Address 1			Address 2		
City		State	Postal Code	Country	
Email			Cell # for Onsite Contact		
Emergency Contact			Emergency Phone		

PLEASE ANSWER THE FOLLOWING QUESTIONS TO BETTER ASSIST US IN WELCOMING YOU TO THE MEETING:

- Are you a 1st-time Attendee? Yes No
- I will be claiming CPE and/or CME credits: CME Credit CPE Credit CPE & CME Credit NA
- Enter the first year when you began your first full-time professional position: _____
- Do you have any physical needs that we can accommodate? Yes No
- Please indicate any special dietary needs (such as allergies): _____
- Please indicate your preferred pronouns which we will include on name badges: _____

The Pre-meeting Workshop is priced individually.

	Registration Fee
PRE-MEETING WORKSHOP SATURDAY, SEPT 13, 2025 8:00 AM – 5:00 PM MST Artificial Intelligence & Machine Learning: Revolutionizing Clinical Pharmacology	
ACCP Member (one full day)	\$245
Non-member (one full day)	\$290
Student Member or Non-member (one full day)	\$220

Note: ACCP reserves the right to cancel due to low attendance. Should cancellation be required, registrants will be notified by August 15th and will receive a full refund for the cost of the Pre-meeting Workshop only.

3-DAY ANNUAL MEETING REGISTRATION SEPT 14 – 16, 2025		Registration Fee
<input type="checkbox"/>	ACCP Member	\$440
<input type="checkbox"/>	Non-member	\$715
<input type="checkbox"/>	Student Member	\$305
<input type="checkbox"/>	Student Non-member	\$435

The 3-day Annual Meeting Registration includes admission to all events on all 3 days.

Lunches and Receptions are included in your registration fee; however, we require your RSVP so that we may include you in our food & beverage guarantee to the hotel. Please check all meal functions that you will be attending:

SATURDAY	SUNDAY	MONDAY	TUESDAY
<input type="checkbox"/> PharmaFete	<input type="checkbox"/> Awards Luncheon <input type="checkbox"/> Evening Reception & Poster Session	<input type="checkbox"/> Awards Luncheon <input type="checkbox"/> Evening Reception & Poster Session	<input type="checkbox"/> Annual Business Meeting & Luncheon

PAYMENT

- Check Visa Mastercard AMEX

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CSV _____ Billing Postal Code _____

Pre-meeting Workshop Fee \$ _____

Annual Meeting Registration Fee \$ _____

TOTAL FEES (all fees in USD) \$ _____

Signature: _____

CANCELLATION/REFUND POLICY: Meeting registration cancellations must be submitted via email to Reg@ACCP1.org no later than August 15th and are subject to a \$250 non-refundable processing fee. After August 15th, you can only transfer registration and cancellations are nonrefundable.

Please return completed form to:

AMERICAN COLLEGE OF CLINICAL PHARMACOLOGY®

Attn: Annual Meeting Registration

PO Box 1758

Ashburn, VA 20146

Email: Reg@ACCP1.org