



Store Profile Form

To start using your discounts immediately, complete form and **fax back** to TCG at (866) 584-4116 or scan and email to swilliams@thecompoundersgroup.com

NEW MEMBER SEMINAR SPECIAL

Join and attend seminar for only \$700!

~~\$500 One-Time Registration Fee~~

Store Name: _____

Owner: _____

Email: _____

Your Buyers Name: _____ Email: _____

Shipping Address

Street: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Billing Address (if different from above)

Street: _____

City: _____ ST: _____ Zip: _____

If you own more than one store, each is required to be listed. No additional charge applies.

Pharmacy Name: _____

Street: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Buyers Name: _____

Payment Method

Mastercard ___ Visa ___ AMEX ___ Card#: _____

Name on Card: _____

Exp Date: _____ CVV Code: _____

Signature: _____

☐ I would like The Compounders Group to be my preferred buying group. (please check)
By checking the above box, you allow TCG to activate all discounts available to you.

Pharmacy Information

DEA #: _____ Expiration Date: _____

NCPDP #: _____ NPI#: _____

State License # (copy needed): _____

Pharmacy License # (copy needed): _____

Federal Tax ID (W-9 needed) _____

Store Questions Form

To better serve your pharmacy, please answer the following questions.

Primary Wholesaler: _____

Top five chemicals used/quantity/price/supplier:

1. _____
2. _____
3. _____
4. _____
5. _____

Are there any vendors you would like to see on our list? (if possible)

Are there any vendors you prefer not to buy from?

Do you offer sterile compounding at your pharmacy?

____ Yes ____ No

On average, how many scripts to you prepare per day? _____

What is your approximate compounded sales total per year? _____

How many items do you ship per day? _____

Who is your current shipping provider? _____

____ Please provide paperwork to link my FedEx account to the TCG discount program.
Account Number: _____

____ I do not have a FedEx account, but would more information.

All information shared on this sheet will only be used by The Compounders Group and will be kept strictly confidential.



TCG Annual Members Only Seminar Registration
July 22 – 24, 2021
Hotel Chicago – A Marriott Luxury Property

Name _____

Pharmacy Name _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____ Email _____

Registration Fees

	(By June 1)	After June 1
Early Bird		
TCG Member	\$600	\$680
TCG Second Attendee	\$500	\$580
Meals Only	\$300	\$380

**Were you referred by a TCG member?
If so, please list referring member here.**

Additional Attendee Name(s)

Name _____ Name _____

Registration Fee _____ + Additional Attendee Fee _____ + Meals Only _____

Total Due TCG _____

Please list any dietary restrictions you have here: _____

Payment

- ☐ Check (Please make payable to The Compounders Group)
☐ Credit Card ☐ VISA ☐ MasterCard ☐ AMEX

Credit Card Number _____

Exp. Date _____ V-code _____ (code on back)

Card Holder's Name _____

Billing Address of Card _____
(if different from above)

Signature _____

Please complete and return to:

swilliams@thecompoundersgroup.com or
TCG, Attn: Susanne Williams
3600 Stillmeadow Dr., Bryan, TX 77802
Fax: (866) 584-4116 Phone: (979) 703-4222

Hotel Chicago
333 N. Dearborn
Discounted rooms are available at our host hotel.
Single/Doubles - \$179/night

To reserve online:
Coming Soon!

To call in reservations:
1-877-829-2429
Reference TCG 2021 Members Only Seminar

Deadline:
July 1, 2021 or when room block sells out.