



TRANSPARENCY COMMITMENT PERFORMANCE

*Learn How American Pharmacies Sets
New Standards as the Fastest-Growing
Independent Buying Group in the Nation*

Please tell us a little about yourself so we can best respond to your inquiry.

(We won't share this information with anyone else)

Name: _____ **Pharmacy Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Email: _____ **Best Phone No. & Time to Reach You:** _____

Are you the: Sole Owner Managing Partner PIC Other: _____

Areas of Interest: (Please Check all That Apply)

Generic & Brand Purchasing

PSAO/Network Contracts

OTC/Front-End

Pharmacy Metrics/Adherence Management

Clinical Practice (Immunizations, MTM, POC Testing, Med Synch, Diabetes Ed., etc.)

Buying or Selling Pharmacy

Group Health & Life Insurance

Vendor Solutions

CBD Products

Coaching & Support

Other/Comments:

Thank you for your interest in American Pharmacies! Please email this form to transformrx@aprx.org.

