



VCU School of Pharmacy
Office of Postgraduate Programs/CE Division
Richmond, Virginia



2008 CE Programs Registration Form

Please check (✓) appropriate program(s)

<u>Program Title</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>CEU's</u>	<u>Cost/pp</u>
<input type="checkbox"/> Pharmacotherapy of Adolescent Substance Abuse	3/27/2008	6:00-9:00pm	Imperial	3.00	\$25.00
<input type="checkbox"/> SOP Reunion 2008: Chronic Heart Failure	4/12/2008	9:00 am-10:00 am	Omni	1.00	\$10.00
<input type="checkbox"/> SOP Reunion 2008: Diabetes Options in a Changing Marketplace	4/12/2008	10:00 am-11:00 am	Omni	1.00	\$10.00
<input type="checkbox"/> SOP Reunion 2008: Hormonal Contraception: Old Myths & New Methods	4/12/2008	11:00 am-12:00 pm	Omni	1.00	\$10.00
<input type="checkbox"/> Women's Health	4/17/2008	6:00-9:00pm	Retreat	3.00	\$25.00
<input type="checkbox"/> Antimicrobial Resistance	4/24/2008	6:00-9:00pm	CJW	3.00	\$25.00
<input type="checkbox"/> Pharmacogenetics and Genomics	4/26/2008	9:00 am – 2 pm	AH	4.00	\$50.00

Omni=Omni Hotel AH= Alumni House CJW=Chippenham Hospital-Kraus Auditorium
Imperial= Imperial Plaza – 1717 Bellevue Avenue, Richmond, VA 23227
Retreat =2621 Grove Avenue, Richmond, VA 23220

Method of Payment is required with registration. Please type or print clearly.

Name: _____

First 4 letters of last name/last 4 of SS# _____ (ex. SMIT1234)

Company: _____

Daytime Phone: _____ Email Address: _____

Address: _____

Street Address/Post Office Box

City, State, Zip

Method of Payment: Cash (to be paid on site) Check Credit Card **Total:** _____

Visa Account #: _____ Expiration Date: _____

Master Card Account#: _____ Expiration Date: _____

Authorized Signature (required for credit card payments)

Return form to:

Danielle C. Fife
R. Blackwell Smith Bldg - Room 136
410 North 12th Street
Post Office Box 980581
Richmond, VA 23298-0581
804 828-3003 (phone)
804-828-9100 (Fax)