



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



2007 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"/> | Anticoagulation Management Certificate Program for Pharmacists | TBA | Varies | Web | 21.00 | \$599.00 |

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 220A
410 North 12th Street
Post Office Box 980581
Richmond, VA 23298-0581
804 828-3003 (phone)
804-828-9100 (Fax)