



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



## Fall 2009 Pharmacy Technician Registration Form

Please check ( ) appropriate program(s)

<input type="checkbox"/>	<u>Program Title</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>CEU's</u>	<u>Cost/pp</u>
<input type="checkbox"/>	Pharmacy Technician Review Course	9/22/09	6:00-8:00pm	BFA	N/A	\$375

**BFA= Breath of Fresh Air, CPR & Healthcare Training**

### Breath of Fresh Air, CPR & Healthcare Training

7465 Old Hickory Drive, Suite C  
Mechanicsville, VA 23111

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:  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 12<sup>th</sup> Street  
Post Office Box 980581  
Richmond, VA 23298-0581  
804 828-3003 (phone)  
804-828-9100 (Fax)