

Registration Form

Personal Information:

First & Last Name:

Full Mailing Address:

Phone Number: Fax Number:

Email Address:

Registration Information:

Course/Webinar Title:

Fee:

Payment Information:

Cheque OR

Visa MasterCard American Express

Credit Card Number: Expiry Date:

Name on the Card: CVV #:

CREDIT CARD INFORMATION WILL BE DESTROYED AFTER PAYMENT IS PROCESSED

Cheques are made payable to **Dalhousie University, Continuing Pharmacy Education**

Email, mail, or fax completed registration form and payment to:

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