

## Registration Form

---

### Personal Information:

First & Last Name:

Full Mailing Address:

Phone 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 the completed registration form and mail cheques to:

Continuing Pharmacy Education, College of Pharmacy, Dalhousie University, 5968 College St., Halifax. NS. B3H 4R2

Phone: (902) 494 3461 Email: [dalcpe@dal.ca](mailto:dalcpe@dal.ca) Webpage: <http://cpe.pharmacy.dal.ca>