

**Registration Form
PHARMACY CONTINUING EDUCATION – FALL 2007**

Last Name: _____ First Name: _____ MI: _____ Last 4 digits of SS#: _____

Degree(s) or Certification(s): _____ Discipline (Please only one): Pharmacy Other: _____

Specialty/Position: _____ Occupation: _____ Mail goes to: Office or Home

Home Address: _____ City: _____ State: _____ Zip: _____ County: _____

Employer: _____ Department: _____ Workplace phone: (____) _____

Employer Address: _____ Home Phone: (____) _____

E-Mail Address: _____ Type of Credit: ACPE

Note: To update our continuing education records (transcripts), please complete all of the above information.

Please mail this registration form with a check made payable to Area L AHEC to:

Attention: Registration

Area L AHEC, Post Office Drawer 7368, Rocky Mount, North Carolina 27804-0368

Fax: (252) 972-0419

Payment By: Individual Agency Amount Enclosed: \$ _____

Signature: _____

Please check if: Your address has changed. You would like to be added to the mailing list.

PAYMENT MUST BE RECEIVED TO CONFIRM REGISTRATION.

**PLEASE PRE-REGISTER FOR ALL SEMINARS THAT YOU PLAN
TO ATTEND BY CHECKING THE APPROPRIATE BOX(ES).**

September 13, 2007 – Event #21216 (2 hrs.)

“The Metabolic Syndrome: What the Pharmacist Can Do and Needs to Know”

- | | |
|--|---|
| <input type="checkbox"/> \$40 Early Registration | <input type="checkbox"/> \$50 Registration after September 6, 2007 |
| <input type="checkbox"/> \$20 Pharmacy Technicians' Early Registration Fee | <input type="checkbox"/> \$30 Pharmacy Technicians' Fee after September 6, 2007 |

October 18, 2007 – Event #21217 (2 hrs.)

“Drugs of Abuse: What Pharmacists Need to Know”

- | | |
|--|--|
| <input type="checkbox"/> \$40 Early Registration | <input type="checkbox"/> \$50 Registration after October 11, 2007 |
| <input type="checkbox"/> \$20 Pharmacy Technicians' Early Registration Fee | <input type="checkbox"/> \$30 Pharmacy Technicians' Fee after October 11, 2007 |

December 11, 2007

“New Drug Update”

Event #21218 (2 hrs.)

- | | |
|--|--|
| <input type="checkbox"/> \$40 Early Registration | <input type="checkbox"/> \$50 Registration after December 4, 2007 |
| <input type="checkbox"/> \$20 Pharmacy Technicians' Early Registration Fee | <input type="checkbox"/> \$30 Pharmacy Technicians' Fee after December 4, 2007 |

“Update on the Management of Infectious Diseases and Thromboembolic Events”

Event #21219 (3 hrs.)

- | | |
|--|--|
| <input type="checkbox"/> \$60 Early Registration | <input type="checkbox"/> \$70 Registration after December 4, 2007 |
| <input type="checkbox"/> \$30 Pharmacy Technicians' Early Registration Fee | <input type="checkbox"/> \$40 Pharmacy Technicians' Fee after December 4, 2007 |

or both for (5 hrs. plus dinner)

- | | |
|--|--|
| <input type="checkbox"/> \$90 Early Registration | <input type="checkbox"/> \$100 Registration after December 4, 2007 |
| <input type="checkbox"/> \$45 Pharmacy Technicians' Early Registration Fee | <input type="checkbox"/> \$55 Pharmacy Technicians' Fee after December 4, 2007 |