

## Registration Form

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### Personal Information:

First & Last Name:

Full Mailing Address:

Phone Number:  Fax Number:

Email Address:

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### Registration Information:

Course/Webinar Title:

Fee:

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### 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**

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

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

Continuing Pharmacy Education, College of Pharmacy, Dalhousie University, 5968 College St., Halifax. NS. B3H 4R2  
Phone: **(902) 494 3461** Fax: **(902) 494 1396** Email: **dalcpe@dal.ca** Webpage: **<http://cpe.pharmacy.dal.ca>**