



To register for this program, please complete and fax this form by **May 25, 2007** to:
USN College of Pharmacy Continuing Education, **ATTN: Karla Labbe**
at 702-968-2032 klabbe@usn.edu FAX: 702-990-4435

This program is limited to the first 70 registered participants

Name – Please Print or Type

Email address

Mailing Address (Not a PO Box)

City

State

Zip Code

Telephone Number

Fax Number

Current Position: Staff Pharmacist Manager Owner Other: _____

_____ Yes, I have a current CPR certificate. Exp. Date: _____

_____ No, I do not have a current CPR certificate. I plan to become certified by _____

Tuition Payment: \$290.00

Check # _____

Credit Card Number: _____

Exp. Date: _____

Cards will be charge immediately to hold a space in the class. Please bring card used to the program