



**Send this form by mail with your cash or check payment to**  
Area L AHEC | Registration | PO Drawer 7368 | Rocky Mount, NC 27804  
To pay with credit card, register online at [arealahec.org](http://arealahec.org)

*Payments must be received prior to the program date to confirm registration.*

### PERSONAL INFORMATION

▲ Last 4 digits of SS#

▲ First Name

▲ Last Name

▲ MI

▲ Suffix

▲ Home Phone

▲ Cell Phone

▲ Certification(s)/Degree(s)

▲ Home Email

▲ Home Address

▲ City

▲ State

▲ Zip

▲ Employer

▲ Title

▲ Office Email

▲ Office Address

▲ City

▲ State

▲ Zip

▲ Office Phone

### REGISTRATION INFORMATION

▲ Name of Program

▲ Program #

▲ Desired Credit

▲ Discipline

▲ Specialty

▲ If you have any dietary restrictions, ADA requirements, or comments, please list them here

▼ How did you find out about this program?

Brochure    Email    Flyer

Website    Friend    Social Media

### PHARMACISTS AND PHARMACY TECHNICIANS ONLY

(For ACPE Credit)

▲ NABP e-Profile ID

▲ Birth date (MM/DD)

### PAYMENT INFORMATION

▶ Payment method

Cash    Check

▲ Total Amount Paid

▲ Check Number

**Cancellations:** Cancellations received less than 7 days prior to the program date will not be eligible for a refund. A 30% deduction will be applied to refunds for cancellations made one week or more prior to the event. Substitute participants are generally accepted.

▶ **By signing below, I acknowledge that I have read and understand the above cancellation policy.**

\_\_\_\_\_  
▲ Participant Signature