

PERSONAL INFORMATION

 Last 4 digits of SS#

 Last Name First Name

 MI Suffix

 Home Phone

 Cell Phone

 Certifications/Degrees

 Home Email

 Home Address

 City State Zip

 Employer

 Title

 Office Email

 Office Address

 City State Zip

 Employer

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

REGISTRATION INFORMATION

 Name of Program Program #

 Desired Credit

 Discipline

 Specialty

 If you have any dietary restrictions, ADA requirements, or
 comments, please list them above.

Please circle how you heard about this program below:

- ▶ 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: All cancellations must be in writing (fax, email, or mail). Cancellations greater than two weeks prior to an event will receive 100% refund. Cancellations received between two weeks and two full business days prior to the first day of an event are refunded at 70% of the registration fee, subject to a minimum \$25 cancellation fee. No refunds or credits will be given for cancellations received less than two full business days prior to an event. In most cases registrants may substitute or transfer to another event, with advance notice.

Area L AHEC reserves the right to cancel a program or replace a speaker due to unforeseen circumstances. Area L AHEC will notify participants and distribute refunds to payers if a program is cancelled.

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

 ▲ Participant Signature