

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