

**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](http://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 indicate 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