

REGISTRATION FORM

22ND ANNUAL PSYCHIATRIC PHARMACOTHERAPY UPDATE

October 7-8, 2010

Note: The address you give below is the address where your statement of continuing education credit will be mailed following the seminar.

NAME _____ E-MAIL _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE (W) _____ (H) _____

- \$305** 2-day Registration Fee Enclosed (**\$325** after 09/15/10)
R.Ph. / Pharm.D. / M.D. / R.N. / Other (Circle one) \$ _____
 - \$205** 1-day Registration Fee Enclosed (**\$225** after 09/15/10)
R.Ph. / Pharm.D. / M.D. / R.N. / Other (Circle one) \$ _____
 - \$275** 2-day Registration Fee Enclosed (**\$295** after 09/15/10)
Post-doc/Resident / Graduate Student / UT Pharmacy Preceptor (Circle one) \$ _____
 - \$175** 1-day Registration Fee Enclosed (**\$195** after 09/15/10)
Post-doc/Resident / Graduate Student / UT Pharmacy Preceptor (Circle one) \$ _____
- TOTAL \$ _____

Charge registration fee to my:

- Visa Master Card Discover American Express

NAME AS IT APPEARS ON CARD: _____

ACCOUNT NO: _____ EXPIRATION DATE: _____

CWV2 SECURITY NO. (3 digit number in the signature bar on the back of your card) _____

Registration Questions: Contact Vickie Westlund at 512.471.6213

A refund of \$125 will be made if Pharmacy Continuing Education receives notification by 9/23/10 of your inability to attend the conference.