

REGISTRATION FORM



Diabetes Disease State Management

Online & Live CE Offering

Live Dates: April 21-22, 2012

The University of Texas at Austin College of Pharmacy

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____

Email _____

NABP Profile ID _____ DOB (MMDD) _____

Registration:

_____ \$610 REGISTRATION (includes 24 contact hours of CE, meals & breaks, blood glucose meter, program materials)

Payment by Credit Card:

Please fax this completed form to (512) 475-9739 or register on our website!

Select card type

VISA

Mastercard

Discover

AMEX

Name on card _____

Card Number _____ Exp Date _____

Billing Address (if different than address above) _____

_____ City _____ State _____

Zip _____

Payment by Check:

Please make your check payable to "The University of Texas" and mail with this completed form to:

The University of Texas at Austin
Pharmacy Continuing Education
1 University Station – A1904
Austin, TX 78712

Questions? (512) 471-6213 or utpharmacyce@austin.utexas.edu