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Albany College of Pharmacy
AND HEALTH SCIENCES

Pharmacy-based Immunization Delivery

April 29, 2017

Albany College of Pharmacy and Health Sciences
Gozzo Student Center
Room 202
Albany, NY 12208

REGISTRATION

Pharmacy-based Immunization Delivery

Please fill out the following information and return to:

**Albany College of Pharmacy and Health Sciences
Office of Continuing Education and Professional Development
106 New Scotland Avenue
Room 104 O'Brien Building
Albany, NY 12208-3492
Fax: (518) 694-7202
E-mail: lori.kline@acphs.edu**

Registration Deadline: March 22, 2017

Name _____
(please print or type)

Address _____

City/State/Zip _____

Phone (Day) _____ E-mail address: _____

In years past, the registration fee was \$425.00. We are pleased to be able to offer this at the discounted rate of \$300.00. Please register early in order to secure a seat.

I would like to attend the Pharmacy-based Immunization Delivery

Pharmacist: \$300.00 (seating available for 50)

Payment Information

I have enclosed a check payable to Albany College of Pharmacy and Health Sciences for \$ _____
Check # _____

I will be using: Visa MasterCard

Card # _____ Exp. date _____

Signature _____

I authorize Albany College of Pharmacy and Health Sciences to charge \$ _____ to my credit card

For Preceptor Sites Only: I will be using an ACPHS voucher.

The following information is required:

Site Name _____

Site Address _____