



Please complete this form; mail completed form w/check by 9/1 to: CCAP, P.O. Box 582222, Elk Grove, CA 95758 REGISTRATION FEES:

Post-Marked by Sept 1 * or Online by Sept 5	<u>On-Site**</u>	
\$129	\$ 169	
Name	Phone	
Email		
Pharmacy Name NABP e-profile ID number	License Number	Check Number
*If you mail your reg fee by Sept 1 and do not receive a your registration form and a copy of your check to the CCAP Events page. If you do not receive a confirmation payment confirmation to the registration desk. When payment to register on-site, we can accept only chupdated information.	registration desk. You man n email from Paige Talley, y paying with PayPal, we sti	y also register through PayPal on the rou must bring a copy of your PayPal II need a completed registration form
Participants will be required to take an online post-te Instructions will be provided at the CE program. After electronically uploaded to participant's CPE monitor a wish a statement of attendance document, you can p	r completion of all the requaction requals requals required to the requals required to the requirement of th	uirements, CPE credit will be ent of credits will be provided. If you
For Questions: Please call or email Paige Talley at 916- periodically for additional information, updates or for o	· · · · · · · · · · · · · · · · · · ·	

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