

SEMINAR RESPONSE FORM

___ Yes, I will be attending the Wednesday September 26, 2018 CE Seminar

NAME

NABP #

DOB MM/DD

WRSP MEMBERS NO CHARGE
OTHER PSSNY MEMBERS.....\$ 25.00
NON MEMBERS.....\$ 55.00

CREDIT CARD INFORMATION

Name _____ CC # _____ Exp Date _____

Credit Card Billing Address _____

_____ (3 digits on back of card) _____ (Phone #)

_____ (4 digits on card, if AMEX)

*** PLEASE NOTE STREET ADDRESS REQUIRED FOR CREDIT CARD PROCESSING. FOR AMERICAN EXPRESS CARDS PLEASE INCLUDE THE 4 DIGIT CODE.**

**PLEASE FAX BACK TO (845)-271-4585, PHONE: 845-271-4560,
OR E-MAIL: wrspjhr@aol.com**

Thank You,
The Westchester and Rockland Society of Pharmacists