

## Clinical Pharmacology Series 2015: Registration for Pharmacist

**Pricing Information: Includes CNE contact hour credit but does not include PQAC CPE. To register for the conference, visit the University of Washington Continuing Nursing Education site: [uwcne.org](http://uwcne.org) or call 206-543-1047.**

Conference	Individual Rate	Group Rate*
Pediatric Drug Therapy – Tuesday, March 17, 2015 <b>BOP Accreditation   7.3 hrs   Activity Type: Knowledge</b>	\$265	\$245
Women’s Health Drug Therapy– Thursday, May 7, 2015 <b>BOP Accreditation   7.3 hrs   Activity Type: Knowledge</b>	\$265	\$245
Adult/Geriatric Drug Therapy– Thursday, May 21, 2015 <b>BOP Accreditation   7.3 hrs   Activity Type: Knowledge</b>	\$265	\$245
Neuropsychotropic Drug Therapy– Friday, June 12, 2015 <b>BOP Accreditation   7.3 hrs   Activity Type: Knowledge</b>	\$265	\$245

*\*Group rate: Price per person when registering for two or more courses or when two or more registrations arrive together from the same agency.*

### Request for (PQAC) Washington State Pharmacy Quality Assurance Commission (Previously Board of Pharmacy) CPE

In order for pharmacists to get a statement of credit, they must pay the additional fee below, sign in, attend all presentations (there is no partial credit), and complete and submit the evaluation form at the end of the day. Statements of credit will be mailed by the Washington State Pharmacy Association within 60 days of receiving the request for CE Form. Please check the conference that you would like to receive a PQAC statement of credit. Please complete the form below and send it with the certificate of attendance and your check or credit card information to WSPA.

**\$30 WSPA Members per conference      \$50 WSPA Non-Members per conference**

\$30:\_\_\_ \$50:\_\_\_ Pediatric Drug Therapy – Tuesday, March 17, 2015 |7.3 hrs  
 \$30:\_\_\_ \$50:\_\_\_ Women’s Health Drug Therapy– Thursday, May 7, 2015 |7.3 hrs  
 \$30:\_\_\_ \$50:\_\_\_ Adult/Geriatric Drug Therapy– Thursday, May 21, 2015 | 7.3 hrs  
 \$30:\_\_\_ \$50:\_\_\_ Neuropsychotropic Drug Therapy– Friday, June 12, 2015 | 7.3 hrs

**\$\_\_\_\_\_ Total Payment**

Name: \_\_\_\_\_

Address City| ST | Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Charge Card: Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_ Check # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_