

## Pharmacy Technician Administration of Drugs by Injection - Alberta Registration Form

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### Personal Information:

First & Last Name:

Full Mailing Address:

Phone Number:

Email Address:

### Registration Information:

Course/Webinar Title:

Fee:

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### Payment Information:

Cheque    MasterCard    American Express    Visa

Credit Card Number:       Expiry Date:

Name on the Card:       CVV #:

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**CREDIT CARD INFORMATION WILL BE DESTROYED AFTER PAYMENT IS PROCESSED**

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Cheques are made payable to **Dalhousie University, Continuing Pharmacy Education**

Email this completed registration form and mail cheques to:

Continuing Pharmacy Education, College of Pharmacy, Dalhousie University, 5968 College St., Halifax. NS. B3H 4R2

Phone: **(902) 494 3461** Email: [dalcpe@dal.ca](mailto:dalcpe@dal.ca) Webpage: <http://cpe.pharmacy.dal.ca>