



# REGISTRATION FORM

## CONTINUING EDUCATION



SHERATON  
Puerto Rico Hotel & Casino

Date: \_\_\_\_\_ Licence #: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pharmacist ☐ Pharmacy Technician ☐ Others ☐ Mobile: \_\_\_\_\_

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



**Thursday, August 21**  
9:00 AM - 11:00 AM

- \_\_\_\_\_ Conf.1 AI (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.2 Stress (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.3 Pearls (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.4 Tabacco (P/PT) 2.0 hrs



**Thursday, August 21**  
2:00 PM - 4:00 PM

- \_\_\_\_\_ Conf.5 Diabetes (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.6 Specialty (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.7 Managing (P) 2.0 hrs
- \_\_\_\_\_ Conf.8 Osteo (P/PT) 2.0 hrs



**Friday, August 22**  
9:00 AM - 11:00 AM

- \_\_\_\_\_ Conf.9 Pipeline (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.10 TOC (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.11 Migraine (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.12 COPD (P/PT) 2.0 hrs



**Friday, August 22**  
2:00 PM - 4:00 PM

- \_\_\_\_\_ Conf.13 Immuni (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.14 AI-clinical (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.15 Pain P1 (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.16 Cannabis (P/PT) 2.0 hrs



**Saturday, August 23**  
9:00 AM - 11:00 AM

- \_\_\_\_\_ Conf.17 Law (P/PT) 2.5 hrs
- \_\_\_\_\_ Conf.18 Veterinary (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.19 Kidney (P) 2.0 hrs
- \_\_\_\_\_ Conf.20 Pain P2 (P/PT) 2.0 hrs



**Saturday, August 23**  
2:00 PM - 4:00 PM

- \_\_\_\_\_ Conf.21 Emerging (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.22 Trainees (P) 2.0 hrs
- \_\_\_\_\_ Conf.23 Disorders (P/PT) 2.0 hrs
- \_\_\_\_\_ Conf.24 Menop (P/PT) 2.0 hrs

**ONLY ALTERNATIVES: Indicate an additional ALTERNATIVES for each selected conference**

Conf. #\_\_\_\_ Conf. #\_\_\_\_ Conf. #\_\_\_\_ Conf. #\_\_\_\_ Conf. #\_\_\_\_ Conf. #\_\_\_\_

**Select a maximum of six (6) conferences.** • Conf. 2.0 hrs. - \$40 for (P/PT) • Conf. 2.5 - \$50 (P/PT)  
Others participants: \$60 per conference.

CASH ☐

CHECK ☐

MONEY  
ORDER  
CHECK ☐

ATH ☐



ATH Móvil ☐

VISA ☐



### PAYMENT METHOD\*

Check/Money Order payable to:  
Colegio de Farmacéuticos de  
Puerto Rico

CHECK # \_\_\_\_\_

DATE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

ENVIAR CORREO ELECTRONICO A  
[EDUCACIONCONTINUA@CFPR.ORG](mailto:EDUCACIONCONTINUA@CFPR.ORG)

SECURITY NUMBER (CVV) \_\_\_\_\_

EXPIRATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_