



HSOP CONTINUING EDUCATION

Harrison School of Pharmacy Continuing Education Registration

Name: _____
 Phone: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Check Number and Amount: _____

NABP ID: _____
 Date of Birth (MM/DD): _____
 Alabama License Number: _____
 Other License Number and State: _____

Which program will you be attending? (Title, Date)

Which location will you be attending?
 Auburn Birmingham Mobile Huntsville

**Register online or complete the registration form and mail with fee to:
 Harrison School of Pharmacy Office of Post Graduate Education**

**2320C Walker Building
 Auburn, AL 36849
 Make checks payable to: AUHSOP**

Refunds: If you are unable to attend a program, refunds will be made. We will, however, retain a \$10 processing fee and require a written request for the refund. The request must be received in our office prior to the start of the program. No refunds will be made after the program begins.