



Servicio:
Nuestra Prioridad
Profesional

*CONFERENCE SELECTION FORM

NOTE: INDICATE ALTERNATIVES IN THE REGISTRATION COUPON.

THE CONFERENCES WILL BE OFFERED IN SPANISH

You can register and pay online at www.cfpr.org.

Name: _____ Lic.# _____
NABP _____

Thursday, August 17, 2017
8:00 AM - 11: 00 AM

_____ Conf 1: Errors (P/PT) 3.0 hrs
_____ Conf 2: Oncology (P) 2.5 hrs
_____ Conf 3: Geriatric (P/PT) 3.0 hrs
_____ Conf 4: Anticoagulants (P) 2.5 hrs

Thursday, August 17, 2017
2:00 PM - 5: 00 PM

_____ Conf 5: Diabetes (P) 3.0 hrs
_____ Conf 6: Antimicrobial (P) 3.0 hrs
_____ Conf 7: Rheumatoid (P/PT) 2.5 hrs
_____ Conf 8: Dashboards (P/PT) 2.5 hrs

Friday, August 18, 2017
8:00 AM - 11: 00 AM

_____ Conf. 9: PR Law (P/PT) 3.0 hrs
_____ Conf. 10: Care 101 (P/PT) 3.0 hrs
_____ Conf. 11: Immunization (P) 2.5 hrs
_____ Conf. 12: Antioxidants (P/PT) 2.5 hrs

Friday, August 18, 2017
2:00 PM - 5:00 PM

_____ Conf. 13: Labor (P/PT) 3.0 hrs
_____ Conf. 14: Control (P/PT) 3.0 hrs
_____ Conf. 15: Formulation (P/PT) 3.0 hrs
_____ Conf. 16: COPD (P) 2.5 hrs

TOTAL OF CONFERENCES: _____ **Total \$** _____

*Select a maximum of four (4) conferences.

Conf. 2 hrs - **\$30.00** • Conf. 2.5 hrs - **\$40.00** • Conf. 3.0 hrs. - **\$45.00**

**Other Participants: \$10 Additional by Conference.

ONLY ALTERNATIVES

Indicate an additional ALTERNATIVES
for each selected conference

Conference # _____ Conference # _____

Conference # _____ Conference # _____

REGISTRATION COUPON

(Letter Press)

Name: _____ Lic.# _____

Pharmacist () Pharmacy Technician () **Other ()

Address: _____

Indicate if it is a Change of Address () Yes () No

Cell Phone: _____

Required E-mail: _____

Check Number: _____ Payment: _____

Money Order Number: _____ Payment: _____

Visa () Master Card ()

Card Number: _____ Exp. Date: _____

Name of Owner of the Credit Card: _____

Authorized Sign: _____

Press here to send
Registration Cupon

Please send to:

COLEGIO DE FARMACÉUTICOS DE PUERTO RICO

Continuing Education Division

PO Box 360206 San Juan PR 00936-0206

e-mail: cecfr@gmail.com or by fax (787) 759-9793