



PHARMACY TECHNICIANS
BREAKING BARRIERS CONFERENCE
September 24th, 2011

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE (BUSINESS): _____

PHONE (HOME): _____

E-MAIL: _____

Special Dietary Needs: _____

How did you find out about the conference? _____

Type of Practice: Hospital _____ Retail _____ Other _____

Name of Employer: _____

C.A.P.T. MEMBERSHIP #: _____

FEES INCLUDE CONTINENTAL BREAKFAST AND LUNCH AND PARKING

- C.A.P.T. MEMBER.....\$40.00
- NON-MEMBER.....\$45.00
- POSTMARKED AFTER SEPT 13, 2011.....\$50.00

*ANY CANCELLATIONS AFTER SEPT 13, 2011 ARE NON-REFUNDABLE

Send to: Real Canadian Superstore – Pharmacy Dept. ATTENTION CARMELLA
4371 Walker Road, Windsor, Ontario N8W 3T6

Please make cheques payable to the
“Essex County Pharmacy Technician Education Fund”

LIMITED REGISTRATION – REGISTER EARLY