



## Registration form for Continuing Professional Development Programs

*Please complete all of the information on the form below*

Name: (first, middle, last): \_\_\_\_\_ Gender: ☐ Male ☐ Female

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ SCPP #: D \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Yes, please add my email to the CPDPP mailing list and keep me informed of future CE events

Do you have a University NSID (the U of S Network Services ID (NSID) is a unique identifier that is three letters followed by three numbers (e.g. abc123))?

☐ No If yes, what is your NSID: \_\_\_\_\_

*If you do not have an NSID, our IT Department will generate one for you. It is important that you complete all of the above information as it is required to create an NSID and to access our online courses*

### Please register me for the following course:

Mandatory Update on Immunizations ..... Course Fee: **\$0.00**

**Pay by credit card:** ☐ VISA ☐ MasterCard

Name (on the card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature (*Please print and sign*): \_\_\_\_\_

☐ **Pay by cheque** (please note, if you are sending a cheque, your registration will not be processed until payment is received)

**Send cheque to:** CPDPP, College of Pharmacy, University of Saskatchewan, E3317 – 104 Clinic Place, Saskatoon, SK S7N 2Z4

➔ Please fax the completed form to the CPDPP Office at **306-966-2355**  
Email: [cpdpp@usask.ca](mailto:cpdpp@usask.ca)