



College of Pharmacy

Certificate Programs

Registration Information

- | | | |
|--------------------------|-------------------------------------|----------|
| <input type="checkbox"/> | Anticoagulation Therapy | \$995.00 |
| <input type="checkbox"/> | Diabetes | \$995.00 |
| <input type="checkbox"/> | Lipids & Hypertensive Disorders | \$995.00 |
| <input type="checkbox"/> | Veterinary Medicine for Pharmacists | \$995.00 |

First Name Last Name

Company Name Job Title

Street Address

Street Address 2

City State Zip

Country

Home Phone

FAX

Email

Print this form, complete it, and mail it to: University of Florida College of Pharmacy,
PO Box 113195 HSC, Gainesville, FL 32611. If you prefer you may FAX it to 352-273-6460.

Please make checks payable to University of Florida.