

2002 Drug Summit  
Registration Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Organization/Affiliation \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Pre-Registration Rates: \$45.00 per person

On-Site Registration Rates: \$50.00

Are you interested in receiving CEU Certification for attending this conference? Yes No

If so, please add a \$15.00 Certification fee to your registration.

Please check the track(s) that you would like to attend:

Student

Parents/Community

Practioners

Indicate Form and Amount of Payment Enclosed:  
Check Money Order

Amount \$ \_\_\_\_\_

Make check or money order payable to Corner Drug Store, Inc. Please do not send cash.

Return Form to:

Regional Drug Summit  
Corner Drug Store, Inc.  
1300 NW 6<sup>th</sup> Street  
Gainesville FL 32601  
Fax (352) 334-3045  
Phone (352) 334-3300