



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:

The Saskatchewan Specific Module Online Course Course Fee: **\$157.50**

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