



**DALHOUSIE  
UNIVERSITY**

CPE | Continuing  
Pharmacy Education

## Registration Form Webinar Recording

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### Personal Information:

First & Last Name:

Full Mailing Address:

Phone Number:  Fax Number:

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### Registration Information:

Course/Webinar Title:

Fee:

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### Brightspace Access Information:

Have you had previous Dalhousie Brightspace access

If yes, Brightspace NetID: \_\_\_\_\_

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Email, mail, or fax completed registration form to:

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Phone: **(902) 494 3461** Fax: **(902) 494 1396** Email: **dalcpe@dal.ca** Webpage: **http://cpe.pharmacy.dal.ca**