

Registration Form

BY PHONE: +1-855-255-0755

BY EMAIL: support@pharmaprofs.com

Conference Title: _____

No of User & Registration Options: _____

☐ Live

☐ Transcript

☐ Recording

☐ Digital Download

Billing Address

Name _____

Company _____

Address _____

City, State, Zip _____

Email Address** _____

** Required to RECEIVE a copy of your INVOICE/RECEIPT.

Telephone _____

Shipping Address (If different from billing address)

Name _____

Company _____

Address _____

City, State, Zip _____

Email Address** _____

** Required for electronic products.

(We will only call you if we have questions about your order.)

Payment

Purchase Order# _____

Please charge my:

☐ Visa

☐ Amex

☐ Other

Name on card: _____

Account #: | | | | | | | | | | | | | | | | | | | | | |

Exp. Date: | | | | |

CVV: | | | | |

Zip: | | | | |

Signature: _____

Your satisfaction is guaranteed.

If for any reason you're not 100% satisfied with your purchase, call us at 1-855-255-0755, to arrange a refund (if applicable).

Shipping and Handling Charges

No shipping charges on Live or Recorded Webinars.

Shipping costs are subject to change.

<https://pharmaprofs.com/>