



# Live, Local Learning for Health-System Pharmacists

## Attendee Information

Please check the conference which you will be attending:

Washington, DC (September 25, 2010)  Philadelphia, PA (November 6, 2010)

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Name

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Suffix/Credentials (Jr, III, RPh, PharmD, etc)

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Title

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Company/Organization Name

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Telephone

Fax

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E-mail Address (each registrant must provide a unique email address)

In which care setting is the MAJORITY of your time spent?

Home Care

Long-Term Care

Hospital

Private Practice

University

Research and Industry

If applicable, please indicate:

The number of beds at your institution: \_\_\_\_\_

The average number of admissions per month: \_\_\_\_\_

