

REGISTRATION APPLICATION
Practical Strategies for Developing Preclinical and Phase 1 Oral Drug Formulations
(Applied Drug Development Core Course)
October 12-16, 2009
Double Tree - Madison, WI

Name _____
First Last

Name of Company/Institution _____

Preferred Mailing Address

Street _____

City State Zip

Daytime Phone () Fax ()

Email address* _____

*An email address is required to receive confirmation materials. You will receive emails from ceadmin@pharmacy.wisc.edu. Please make sure your email filters do not block our messages. We do not sell or distribute your email address to other organizations or companies.

Make checks payable to the **UNIVERSITY OF WISCONSIN**

Credit card information (**only those listed below are accepted**):

MasterCard Visa American Express

Cardholder's name Card #

Card ID Code (enter the 3 or 4 digit code from card) Card Expiration Date

A confirmation email will be sent to your provided email address when we receive your registration.

Register via ONE of the following methods:

1. Online at <http://ce.pharmacy.wisc.edu/courseinfo/Phase1Formula> with a credit card.
2. By phone at 608.262.3132, 608.262.3130 or toll free at 877.947.4255 with a credit card.
3. Fax the completed registration form to 608.262.2431 with credit card information.
4. Mail the completed registration form below with a check or credit card information.

Registration Fee: (includes instructional costs, course materials and coffee breaks). **\$1,895.00**
Payment received prior to September 25, 2009: \$1,595.00

Registration fee is non-refundable after September 25 for accepted students (subject to \$75 administrative fee prior to September 25). In the event that an accepted applicant cannot attend, a substitute may be nominated by the company.

Mail or fax this form and payment to:

Applied Drug Development
Extension Services in Pharmacy
777 Highland Avenue
Madison, WI 53705
FAX (608) 262-2431

For course registration information call:
James E. De Muth, (608) 262-3130