



DIVISION OF  
**Pharmacy**  
**Professional Development**  
UNIVERSITY OF WISCONSIN-MADISON  
*Your source for lifelong learning*

**2018 CONTINUING EDUCATION STUDY/TRAVEL PROGRAM**  
**REGISTRATION FORM**

Send completed application and deposit to:

**CE Study Tour, Burkhalter Travel Agency, Inc.**  
**6501 Mineral Point Road, Madison, WI 53705**

Telephones: 608-833-6968 or 800-556-9286, Wendy Bartnick, Ext. 251  
wbartnick@burkhaltertravel.com Fax: 608-833-8527

**Sheraton Kona Resort**  
**February 7-14, 2018**

Name \_\_\_\_\_

Name of Accompanying Person(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_/\_\_\_\_ (Cell) \_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

Reserve a place in the CE Study/Travel Seminar for the following individual(s): \_\_\_\_\_

Indicate the type of CE credit you will be seeking: [ ] Pharmacist [ ] Nurse

[ ] I want to book the "package" (CE/Room) in the following room category \_\_\_\_\_

[ ] I want to book for CE Only

Early Booking Package Price -- Includes Accommodations (per person based on double occupancy) AND CE Program Fees as noted	<b>Mountain View Room</b>	<b>Partial Ocean View Room</b>	<b>Ocean View Room</b>	<b>Ocean Front Room</b>
• CE Program Participant	\$2455	\$2538	\$2621	\$2704
• Roommate -- Also a CE Program Participant	\$2455	\$2538	\$2621	\$2704
• Roommate -- Not a CE Program Participant	\$1703	\$1786	\$1869	\$1951
Above prices are based on double occupancy (two people sharing a room)				
• Single Occupancy Supplement (applies if only one person in room)	\$ 867	\$950	\$1033	\$1116

**CE ONLY PRICE ..... \$ 1015**

Note: this includes only the CE program and one admission to the Welcome Reception; it does not include accommodations and/or any other inclusions listed in the "Land Package"

Penalty may apply for early hotel check-out.

Please call me with airfare pricing from \_\_\_\_\_.  I will make my own air arrangements.

**Deposit of \$300 per person due upon reservation. Final payment due no later than November 30, 2017.**

Please charge my credit card for \$ \_\_\_\_\_ for \_\_\_\_\_ persons.  MasterCard  Visa  American Express

Acct. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Cardholder (Please Print) \_\_\_\_\_

SIGNATURE(S)

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