Registration Form

NAME OF PROGRAM _____ DATES OF PROGRAM _____ COURSE/WORKSHOP# _____

Dr./Mr./Ms _____ Degree(s) _____

First Name MI Last Name

Job Title _____ Department _____

Therapeutic Area of Work _____

Company _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Email _____ Telephone _____ Fax _____

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Participant Profile

This section must be completed for your registration to be processed. It is strictly confidential and it is used by the faculty to help fine tune their presentations to fit the needs of the audience. Attach an additional sheet if necessary.

1. How long have you been in your current position?

2. Identify below three specific learning objectives you want to accomplish:

3. How will you apply the information gained from this course to your job?

Payment Method

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How may we contact you in order to provide information on future PERI Courses? Please check all that apply.

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PERI Contact Information

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You can also register for courses on our website at www.peri.org.