



ACADEMY of  
APPLIED  
PHARMACEUTICAL  
SCIENCES

AAPS Training Centre  
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[www.aaps.ca](http://www.aaps.ca)

To register for one of our professional seminars, please fill in the form below and mail or fax it to the AAPS training centre. Additionally, you may also call us at 416-502-2277 to register for one of our courses.

### REGISTRATION FORM

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

I will attend : \_\_\_\_\_  \$ \_\_\_\_\_  
Course Name Course Fee

Please bill my company P.O# \_\_\_\_\_

Visa  Master Card  Amex  
(to be paid on the day of the workshop)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

**\*Registration Fee Includes:**

*Presentation Materials, Luncheon, Refreshment and Free Parking. Please indicate any special dietary requirements when registering for the course.*

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