

Application for Program Presentation
AKPhA Academy of Health-System Pharmacy
4th Annual Fall CE Conference
September 28, 2019

Deadline for Submission: April 30, 2019
Applicants with accepted presentations will be notified by **May 15, 2019**

Draft Title of Presentation: _____

Preferred Time for Presentation (1 hour or 1.5 hours): _____

Presenter(s):

Name: _____ **Position:** _____

Professional Credentials: _____

Employer: _____ **Fax #:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone (work): _____ **Home or Cell:** _____

Name: _____ **Position:** _____

Professional Credentials: _____

Employer: _____ **Fax #:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone (work): _____ **Home or Cell:** _____

