

**REGISTRATION FORM**  
(Please duplicate for additional registrants)

**PHARMACY SAFETY & SECURITY TRAINING FOR PHARMACISTS,  
SECURITY OFFICERS AND LAW ENFORCEMENT OFFICERS  
SPRING 2008**

**Delaware County Police Academy  
85 North Malin Road  
Broomall, PA 19008**

**FRIDAY, APRIL 4, 2008  
10:00 A.M.  
Registration: 9:30 AM  
(Continental Breakfast Provided)**

**Please Print Legibly**

**If you have multiple attendees from one organization, please complete this form including organization, address, telephone and fax. On an attached sheet, for each additional attendee, please list name and email.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please send/fax this form by March 31, 2008**

and other inquiries or correspondence

to

**Dorothy Brown**  
Executive Administrative Assistant  
201 W. Front Street  
Media, PA 19063  
Fax (610) 891-4140

No cover sheet required.