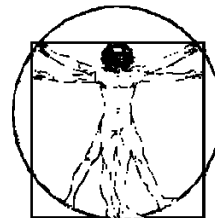


OHIO COLLEGE OF CLINICAL PHARMACY  
2009 Fall Research Meeting



Friday, October 23, 2009  
Cleveland Hilton East, Beachwood OH

**Registration Form**

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

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

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Registration**

- \$50 OCCP member
- \$75 Non-OCCP member
- \$25 Resident
- \$25 Student

Please make checks out to: **The Ohio College of Clinical Pharmacy**

Return registration form and check to:

Ken Komorny, Pharm. D.  
OCCP Secretary/Treasurer  
Summa Health System  
525 E. Market Street  
Akron, OH 44304

**Registration deadline:** October 9, 2009