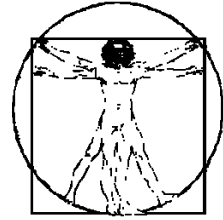


OHIO COLLEGE OF CLINICAL PHARMACY
2008 Fall Research Meeting



Friday, October 10, 2008
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:

Jodie M. Fink, Pharm.D., BCPS
Cleveland Clinic
Department of Pharmacy
9500 Euclid Ave. JJN1-200
Cleveland, Ohio 44195

Registration deadline: Friday, September 26, 2008