



**PARTNER CARE**  
**PHARMACY SERVICES**  
**BECAUSE WE CARE**

# **REGISTRATION FORM**

2 CEU's & Box Lunch  
Thursday, Aug. 22, 2019  
10am - 2pm

## **LUNCH & LEARN**

**Boost PDPM and NTA scores-1 CEU**

**Recognizing Impairment in the workplace- 1 CEU**

First Name:	_____	Last Name:	_____
Facility Name:	_____	Position:	_____
Street Address:	_____		_____
City/ST:	_____	Zip:	_____
Phone:	_____	Direct Phone:	_____
email:	_____		_____

SEND THE COMPLETED REGISTRATION TO:  
FAX: 954-635-6456  
email: [info@partnercarepharmacy.com](mailto:info@partnercarepharmacy.com)