Program fees per person are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Late</th>
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<tbody>
<tr>
<td>Program Fees*</td>
<td>$195</td>
<td>$245</td>
</tr>
</tbody>
</table>

*You may attend one or both sessions for the program, but full payment must be made for the entire program.

Late fee becomes applicable after May 30.

Refunds will be given if the CE Office receives notification of cancellation prior to 5:00 p.m. Thursday prior to the seminar.

Each program session is designed as a single continuing education unit and may not be broken because of continuity of the educational entity. * Entire session must be attended to receive continuing education credit. Statements of Credit will be awarded to all participants after completion, official sign-ins, and evaluation of each session. Also, a permanent record will be filed at the Continuing Education Office. After the end of the calendar year, an Annual Statement of Credit will be sent to participants.

Each program session has been approved by the Oklahoma State Board of Pharmacy for the specified hours of Continuing Education Credit and is acceptable with other state boards of pharmacy requiring continuing education by ACPE Providers.

ACPE Universal Provider Numbers:
161-000-08-104-L03-P
161-000-08-105-L03-P

Southwestern Pharmacy Alumni Foundation, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

For more C.E. information, call 580-774-7197, e-mail pharmacyce@swosu.edu or visit www.southwesternpharmacy.com.
Continuing Education Seminar Pre-Registration Form

Pharmacy Law Conference, Sunday, June 8, 2008 - $195 Per Person

Full Name
____________________________________________________________________________________
MAILING ADDRESS
____________________________________________________________________________________
CITY/STATE/ZIP
_______________________________________________________________
DAY TELEPHONE
_____________________________________________
EMAIL ADDRESS
____________________________________________________________________________________

1) VISA □ □ DISCOVER □ □ MasterCard

CARD NUMBER
_______________________________________________________
EXP DATE
__________________

TOTAL AMOUNT $ _______________________________________

(ChECK/MOney OrDEr PaYABLE tO SOUThwESTERN PHARMACY ALUMNI FOUNDATION)

ADDRESS SERVICE REQUESTED

Southwestern Pharmacy
Pharmacy Continuing Education Program
A Review of Federal and Oklahoma Pharmacy Laws and Regulations

Sunday, June 8, 2008
Oklahoma City, Oklahoma