



**Training Course**  
**Pharmacokinetics and Pharmacodynamics of**  
**Protein Therapeutics**  
**- Concepts and Hands-On Modeling and Simulation**

### Credit Card Authorization Form

I hereby certify that the credit card number below is my credit card and my signature below authorizes the University of Tennessee to charge the registration fee of (check appropriate)

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Regular (after March 1)                            | <b>\$ 2,575</b> |
| <input type="checkbox"/> Regular (before March 1)                           | <b>\$ 2,175</b> |
| <input type="checkbox"/> Academia or government                             | <b>\$ 1,675</b> |
| <input type="checkbox"/> Student/trainee (documentation of status required) | <b>\$ 1,375</b> |

for the introductory pharmacometric training course 'Pharmacokinetics and Pharmacodynamics of Protein Therapeutics' on **April 1-5, 2019**.

**Name of Course Participant** \_\_\_\_\_

**Type of Credit Card:**     VISA             MasterCard             Discover

**Credit Card Number:** \_\_\_\_\_

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**Printed Name of the Card Holder:** \_\_\_\_\_

**Signature of the Card Holder** \_\_\_\_\_

**This authorization is void upon expiration date or if requested in writing by the card holder.**

After completion of the above information, please return form to

Kendra Golden  
University of Tennessee Health Science Center  
College of Pharmacy  
881 Madison Ave, Rm 449  
Memphis, TN 38163, USA  
Phone ++1 (901) 448-6990  
Fax ++1 (901) 448-3000  
Email [kgolden6@uthsc.edu](mailto:kgolden6@uthsc.edu)

**This form must be completed in full before any transaction may be executed.**