



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)

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

for the introductory pharmacometric training course 'Pharmacokinetics and Pharmacodynamics of Protein Therapeutics' on **March 30 – April 3, 2020**.

Name of Course Participant _____

Type of Credit Card: VISA MasterCard Discover

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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
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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

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