



**2020 Virtual Training Course
Pharmacokinetics and Pharmacodynamics of
Protein Therapeutics
- Principles and Pharmacometric Approaches -**

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 | \$ 1,800 |
| <input type="checkbox"/> Academia or government | \$ 1,200 |
| <input type="checkbox"/> Student/trainee (documentation of status required) | \$ 800 |

for the introductory pharmacometric training course 'Pharmacokinetics and Pharmacodynamics of Protein Therapeutics' on **December 2-4, 2020**.

Name of Course Participant _____

Type of Credit Card: VISA MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ Security code _____

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

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