

Information for updating mailing address for Continuing Education
Or to be added to the mailing list: (* required)

*First Name	
*Middle name or initial	
*Last Name	
*Maiden Name	
*State Licensed in	
*Pharmacist License #	
Add. State Licensed in	
Pharmacist License #	
Add. State Licensed in	
Pharmacist License #	
*Street or PO Box address	
*City	
*State	
*Zip	
Email address	
Day Time phone	
Fax	

Send to: ASPerry2@uams.edu