



SOCIETY OF INFECTIOUS
DISEASES PHARMACISTS

Antimicrobial Stewardship Certificate Program Registration Form

If you cannot complete payment online complete this form and mail it along with payment to:
SIDP c/o ProCE, Inc., 848 W. Bartlett Rd., Suite 3E, Bartlett, IL 60103

Please print or type: (One form per person)

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Work Home

City: _____ State: _____ Zip: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Program Fee per Participant: Pharmacist \$750

For trainees (e.g., residents, fellows, and graduate students) the cost will be \$550 per individual. For institutions or healthcare facilities with payment from the same institution, we provide the following discounts:

6-10 healthcare professionals = 5%

More than 15 healthcare professionals = 15% discount

11-15 healthcare professionals = 10%

The self-study material will be accessible upon receipt of your registration fee. Directions to access the self-study materials will be e-mailed upon receipt of the registration form.

If you wish to participate in only a portion of the Program, Phase 1 is available for \$500 per person. Phases 1 and 2 are available for \$688 per person. The above discounts apply for multiple healthcare professionals.

Cancellations received in writing prior to accessing any of the program content (fax: 630-540-2849 or e-mail info@proce.com) will receive a full refund minus a \$150 cancellation fee.

Payment Information

Individual Pharmacist (\$750)

Trainee (\$550 - validation required)

Multiple Pharmacists # _____ (Provide contact information as requested above for each participant)

Payment by check (**Make check payable to ProCE, Inc.**): Check #: _____ Amount: \$ _____

Payment by Credit Card: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____ Card ID #/Security Code: _____

Name on Card: _____ Signature: _____

Billing Information (if different than above)

Address _____

City: _____ State: _____ Zip: _____