



2004 DEA Pharmaceutical Training Seminar Registration Form

Please return the completed form via fax to:
Office of Diversion Control
Attn: ODE
Fax #: 202-353-1263

Registration Information (please use one form for each Attendee):

ATTENDEE NAME: _____

COMPANY NAME: _____

DEA Registration Number: _____
(Must be a Manufacturer, Importer, or Exporter)

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

E-mail: _____
(all registrations will be confirmed by e-mail)

FAX NUMBER: _____

Seminar Dates (please note order of preference, i.e. 1st, 2nd, 3rd, 4th)

_____ April 5 – 6, 2004 (San Juan, Puerto Rico)

_____ April 7 – 8, 2004 (San Juan, Puerto Rico)

_____ April 27 – 28, 2004 (San Antonio, Texas)

_____ April 29 – 30, 2004 (San Antonio, Texas)

DEA will make every effort to accommodate attendees 1st preference, however, registration will be handled on a first come, first serve basis.

Registration is limited to two (2) persons per company for all seminars