

# Interprofessional by Design

At the time of registration, the following information is requested for all members of the team. We suggest preparing the information below for each member before beginning the registration process.

1. First and last name as it will appear on the workshop name badge
2. Email address
3. Credentials
4. What is your profession?
5. If you are a Pharmacist or Pharmacy Technician, please list your NABP and DOB (MM/DD). This will allow you to receive CE credit
6. Organization(s) represented on name badge
7. Organization State
8. The National Center occasionally sends out notifications about webinars, important events and useful information. We would love to include you in our community if you aren't part of it yet. Sound good?
  - Yes, Thanks!
  - No, I do not want to be informed about important news and information from the National Center
  - I am already a happy member

UNIVERSITY OF MINNESOTA