

RSVP BY FRIDAY, FEBRUARY 17 TO
FLO.HERNANDEZ@PHHS.ORG OR VIA FAX AT 214-266-2150.

- 9 A.M.
- 11 A.M.
- 1 P.M.
- 3 P.M.

Please let us know which meeting you will be attending:

NAME: _____

PRACTICE NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Registration Form PLEASE PRINT

THE PARKLAND COMMUNITY HEALTH PLAN
PROVIDER REPRESENTATIVES

invite you to our

PHARMACY INFORMATION MEETING/TRAINING

WE WILL BE PROVIDING YOU WITH THE INFORMATION
YOU NEED TO ENSURE YOUR UNDERSTANDING
OF OUR PROGRAMS.

WE WILL BE COVERING IN DEPTH THE NEW PHARMACY
PROGRAM FOR OUR MEDICAID AND CHIP MEMBERS
IN FOUR SESSIONS.

Please indicate below which session you will attend.

FRIDAY, FEBRUARY 24, 2012

=====

9 A.M., 11 A.M., 1 P.M., 3 P.M.

=====

THE PATRICK AND BEATRICE HAGGERTY CENTER
1440 W. MOCKINGBIRD LANE
DALLAS, TEXAS 75247

RSVP BY FRIDAY, FEBRUARY 17 TO
FLO.HERNANDEZ@PHHS.ORG OR VIA FAX AT 214-266-2150.



Parkland
Community Health Plan, Inc.