

RAPS 2009

annual conference & exhibition

■ 13–16 September 2009
 ■ Pennsylvania Convention Center
 ■ Philadelphia

registration form

0930401
 AC09WB

HOW TO REGISTER



ONLINE:
 RAPS.org/ac2009 (credit card only)



BY MAIL:
 RAPS c/o SunTrust Lockbox Dept
 PO Box 79546, Baltimore, MD 21279-0546



BY FAX:
 +1 301 770 2924 (credit card or wire)

Full payment must accompany this form.
 Questions? Please call RAPS Solutions Center at
 +1 301 770 2920, ext. 200

REGISTRATION POLICIES AND PROCEDURES

Please visit the RAPS website at RAPS.org for full conference registration policies.

RAPS membership is individual and must be paid in full to qualify for conference member fees. Please visit the RAPS website for complete membership qualifications.

Confirmed Registration: Registrations received without payment will not be processed or returned. Email RAPS Registrar at raps@raps.org or call RAPS Solutions Center at +1 301 770 2920, ext. 200, if you have not received confirmation within five (5) business days from submittal of registration.

Deadlines: Advance registration (online, mail, phone and fax) will be accepted until 2 September 2009; after 2 September 2009, please bring your registration onsite for processing.

Cancellations and Refunds: Written cancellations received by 5:00 pm ET on **28 August 2009** will be refunded after the conference in full minus a \$100 administrative fee. Refunds will not be granted for failure to attend, late arrivals, early departures, changes to the agenda or speaker roster or balance due registrations received after the registration deadline. RAPS DOES NOT ACCEPT PHONE CANCELLATIONS.

Substitutions: Substitutions are accepted with written notification from the original registrant in advance of meeting. In the event of substitution, membership acquired through conference registration remains with the original registrant; nonmember substitutes will be required to pay applicable membership fee.

Meeting Cancellation: RAPS reserves the right to cancel any conference at its sole discretion, whereupon all registration fees will be refunded. RAPS is not responsible for any costs incurred due to a cancellation.

Agenda/Speakers: Subject to change without notice.

Photo Release: By registering for this conference, you acknowledge that your picture may be taken by RAPS agents and consent to the use of your name and likeness by RAPS for any RAPS use as deemed appropriate by the organization.

Hotel Information: Philadelphia Marriott Downtown, 1201 Market Street, Philadelphia, PA 19107.

Cutoff date: 20 August 2009

For your convenience, RAPS has reserved a room block at the Philadelphia Marriott Downtown at the special conference rate of \$237 (single/double) plus tax per night. Please visit the RAPS Hotel Information page for additional details.

PARTICIPANT LISTING INFORMATION (Please print the following information)

Your business address will be used for the conference participant listing. If you would like to provide RAPS with an address update please go to RAPS.org

RAPS Member ID#: _____

Mr Ms Dr First Name _____ MI _____ Last Name _____

Advanced Degree: JD PhD PharmD MD DDS DMD SCD DVM RAC

Title _____ Company _____

Address _____

Address _____

City State/Province _____ Mail Stop _____

Postal Code _____ Country _____

Phone (with area/country code) _____ Fax (with area/country code) _____

Business E-mail address (required for confirmation) _____

Please list dietary restrictions/allergies (Submit by 20 August 2009) _____

Please list special accessibility requirements (Submit by 20 August 2009) _____

In case of an emergency, please contact: Name _____ Phone Number _____

CONFERENCE REGISTRATION FEES (All fees in US dollars)

Full Conference	until 20 August	21 August–On site
RAPS Member	<input type="checkbox"/> \$1080	<input type="checkbox"/> \$1230
Nonmember*	<input type="checkbox"/> \$1265	<input type="checkbox"/> \$1415
Multiple Members**	<input type="checkbox"/> \$ 980 each	<input type="checkbox"/> \$1130 each
Multiple Nonmembers**	<input type="checkbox"/> \$1165 each	<input type="checkbox"/> \$1315 each
Gov't/Nonprofit Member	<input type="checkbox"/> \$ 595	<input type="checkbox"/> \$ 695
Gov't/Nonprofit Nonmember*	<input type="checkbox"/> \$ 780	<input type="checkbox"/> \$ 880
Student Member	<input type="checkbox"/> \$ 370	<input type="checkbox"/> \$ 445
Student Nonmember*	<input type="checkbox"/> \$ 435	<input type="checkbox"/> \$ 510

One Day Registration (Please check which day you will attend): Monday Tuesday Wednesday

	until 20 August	21 August–On site
RAPS Member	<input type="checkbox"/> \$495	<input type="checkbox"/> \$570
Nonmember*	<input type="checkbox"/> \$680	<input type="checkbox"/> \$755

Preconference Workshops (in addition to conference registration fee)

	until 20 August	21 August–On site
RAPS Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Nonmember		
With conference registration	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Without conference registration*	<input type="checkbox"/> \$535	<input type="checkbox"/> \$585

Please select one full day workshop: Regulatory Essentials: US Regulatory Essentials: EU Regulatory Essentials: Canada
 Regulatory Essentials: Japan Effective Medical Writing
 Advertising, Promotion & Labeling

* **CHECK HERE.** The above nonmember fees include RAPS membership for 12 months for qualified applicants. I have reviewed and understand the membership qualifications and accept membership with the Regulatory Affairs Professionals Society.

** To be eligible for the multiple registration fee (available for full conference registration only) three or more participants from the same company **must submit individual registration forms at the same time** via fax or mail. Colleagues must list their name below.

1. _____ 2. _____ 3. _____

METHOD OF PAYMENT

International Wire Transfer: Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #702267562; ABA #061000104 Swift Code SNTRUS3A; SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

Check #: _____ Make all checks payable to RAPS in US dollars.

Credit Card: American Express Mastercard Visa

Card number _____ Expiration date _____ Billing postal code _____

Name as it appears on the card _____

Signature _____