

RAPS EXECUTIVE DEVELOPMENT

- 23–26 FEBRUARY 2009
- UC BERKELEY HAAS SCHOOL OF BUSINESS
- BERKELEY, CA, US



0930114

HSBWEB

HOW TO REGISTER



ONLINE:
www.raps.org/execed/feb2009
(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 www.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 at www.raps.org for complete membership qualifications.

Confirmed Registration: Registrations received without payment will not be processed or returned. Email RAPS 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: Early registration is encouraged. All registrations must be received at RAPS no later than 18 February 2009. After 18 February 2009, please contact RAPS Solutions Center at +1 301 770 2920 ext. 200 to inquire about registration options and availability.

Cancellations and Refunds: Written cancellations received by 5:00 pm ET on **2 February 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 the meeting. In event of substitution, membership acquired through conference registration remains with the original registrant; nonmember substitutes will be required to pay applicable nonmember fees.

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.

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 www.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 _____

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 special dietary requirements (please submit by 18 February 2009) _____

Please list special accessibility requirements (please submit by 18 February 2009) _____

Please provide name and number of individual to contact in case of an emergency:

Name _____ Phone Number _____

REGISTRATION FEES (All fees in US dollars)

	Register by 2 February	Register after 2 February
RAPS Member	<input type="checkbox"/> \$5,250*	<input type="checkbox"/> \$5,350*
Nonmember**	<input type="checkbox"/> \$5,435*	<input type="checkbox"/> \$5,535*

* Registration fees include breakfast, refreshment breaks and lunch on 23–26 February 2009 but do not include lodging expenses. Please see below for hotel information.

** **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.

Total Conference Registration Fee \$ _____

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 #: _____ American Express MasterCard Visa

Account#: _____ Exp. Date: _____ Billing Postal Code: _____

Name as it appears on the card: _____

Signature: _____

HOTEL INFORMATION

Hotel Durant, 2600 Durant Avenue, Berkeley, CA 94704

Please note that registration fees do not include lodging expenses. For your convenience, RAPS has reserved a block of rooms at the Hotel Durant at the conference rate of \$159 plus tax per night (single or double room). Hotel rooms at this rate are available on the nights of 22–25 February 2009. To make your reservation, please contact the hotel directly at +1 510 845 8981 and identify yourself as a member of the RAPS group. For additional information on the hotel, please visit <http://www.jdvhotels.com/durant/>.