

CGMPs for Combination Products: An Interactive Analysis with Industry and FDA

12 January 2010 • RAPS Training Center • Rockville, MD



1030135

HOW TO REGISTER



ONLINE:
RAPS.org/CGMPs
(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.

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: Advance registration (online, mail
and fax) will be accepted until 5 January 2010
unless capacity is reached for the meeting; after
5 January, please contact RAPS Solutions Center
for registration options.

Cancellations and Refunds: Written
cancellations received by 5:00 pm ET on
29 December 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.

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 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 5 January 2010) _____

Please list special accessibility requirements (please submit by 5 January 2010) _____

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

Name _____ Phone Number _____

REGISTRATION FEES (All fees in US dollars)

\$ 495

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

RAPS does not have a specific conference hotel for this program. Please select a hotel of your choice in close proximity
to the RAPS Training Center located at 5635 Fishers Lane, Suite 550, Rockville, MD 20852. All reservations are subject
to the availability and rates determined by the individual hotel.