



INDIVIDUAL COURSE ORDER FORM

RAPS Member ID#: _____

Mr Ms Dr First Name _____ MI _____ Last Name _____

Company Name _____

Address _____ City State/Province _____

Mail Stop _____ Postal Code _____ Country _____

Phone (with area/country code) _____ Business Email Address (required for confirmation) _____

INDIVIDUAL COURSES	MEMBER	NONMEMBER
Chemistry, Manufacturing and Controls	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Effective Communication and Negotiation	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Ethics	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Global Regulatory Strategy for Medical Devices	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Global Regulatory Strategy for Pharmaceuticals	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Good Clinical Practice	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270
Good Laboratory Practice	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Good Manufacturing Practice	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Intermediate Medical Writing	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Introductory Medical Writing	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270
Introduction to Global Healthcare Product Regulations	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Medical Devices: Definition & Lifecycle	<input type="checkbox"/> \$115	<input type="checkbox"/> \$200
Medical Devices: Canadian Regulations	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Medical Devices: Compliance & Audits	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Medical Devices: EU Regulations	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Medical Devices: Postmarket Surveillance	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Medical Devices: Risk Management	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Medical Devices: US Regulations	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Pharmaceuticals: Canadian Regulations	<input type="checkbox"/> \$420	<input type="checkbox"/> \$510
Pharmaceuticals: Compliance & Audits	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Pharmaceuticals: Definition & Lifecycle	<input type="checkbox"/> \$115	<input type="checkbox"/> \$200
Pharmaceuticals: EU Regulations	<input type="checkbox"/> \$420	<input type="checkbox"/> \$510
Pharmaceuticals: US Regulations	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Pharmacovigilance	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Project Management	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
Quality System Regulations	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Regulation of Combination Products	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270
Regulation of IVDs	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Regulation of US and EU Biologics	<input type="checkbox"/> \$300	<input type="checkbox"/> \$390
REMS and RMPs	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330
Role of the Regulatory Professional	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270
Understanding & Managing the Clinical Trial Process	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270




PAYMENT INFORMATION

Check # _____ American Express MasterCard Visa

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

Name as it appears on the card _____ Signature _____

HOW TO REGISTER

-  **ONLINE:** RAPS.org/onlineu
-  **BY FAX:** +1 301 770 2924
-  **BY MAIL:** RAPS c/o SunTrust, Lockbox Dept, P.O. Box 79546, Baltimore, MD, 21279-0546

Full payment must accompany this form.