

RAPS Chicago Chapter: Effective Medical Device Presubmission Interactions



23 January 2017 • 5:30 – 8:30 pm CST

AbbVie Inc. • One North Waukegan Road • AP 30 LL Conference Room E • North Chicago, IL 60044 • +1 800 255 5162

1721351

Mr Ms Dr First Name _____ MI _____ Last Name _____

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

Title _____

Company _____

Address _____ Suite/Apt _____

City/ State/Province _____

Mail Stop _____ Postal Code _____ Country _____

Phone (with area/country code) _____

Business Email Address (required for confirmation) _____

Please list special dietary/accessibility requirements _____

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

Name _____ Phone Number _____

REGISTRATION FEES (All fees in US dollars)

	Register prior to 16 January	Register on or after 16 January
RAPS Member	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
List	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55

METHOD OF PAYMENT

- o **International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.
 - o **Check #** _____
 - o **Credit Card** American Express MasterCard Visa
- Account # _____ Exp. Date _____ Billing Postal Code _____
- Name as it appears on the card _____ Signature _____

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see **RAPS.org** for complete registration policies and procedures.

HOW TO REGISTER

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

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

FAX: +1 301 841 7956 (credit card or wire)