

Additional Information

In an effort to accommodate dietary needs, all foods will be clearly labeled.
Please indicate dietary restrictions below (select all that apply):

Vegetarian	Vegan	Gluten Free
Dairy Free	Other (please specify)	

*Emergency Contact Name:

*Emergency Contact Phone Number (include country code):

Do you require special accommodations (select all that apply)

Auditory	Mobility	Visual
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Please indicate all sectors of interest and/or pertinence to your job (select all that apply)

Medical devices	Pharmaceuticals	Biologics	APIs
Combination products	OTC	Diagnostics	Nutritional/natural health
Biotechnology	Other (please specify)		

Please indicate all professional areas of interest and/or pertinence to your job (select all that apply)

Advertising, promotion and labeling	Ethics	Quality assurance and control
Audit/FDA inspection	FDA meeting and communication strategy	Regulatory intelligence/policy
Chemistry, manufacturing and controls (CMC)	Preclinical study	Research, design and development
Clinical trials	Product lifecycle	Supply chain management
Compliance	Professional development/training	Other (please specify)
Environmental	Project management	



Which job function most closely aligns with your current role?

CEO/president	Physician/pharmacist/health professional	Consultant
Executive director	Regulatory information specialist	Analyst
Manager	Retired	Consumer safety officer
Specialist	Vice president	Regulatory course
Coordinator	Director	Student
Professor/academic faculty	Project manager	Other (please specify)
Compliance officer	Associate	

What is your role related to the purchase of regulatory technology, products and/or services? (select all that apply)

Final decision maker	Recommend products and/or specify new vendors
Influence purchase decisions	Research new products

What is your organization's annual budget for regulatory products and services (excludes personnel)?

Less than \$25,000	\$25,001 - \$100,000	\$100,001 - \$250,000
\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$2,500,000
\$2,500,001 - \$5,000,000	\$5,000,001+	Don't Know/Not Applicable

Which of the following technologies, products and services do you plan to purchase in the next 12 months? (select all that apply)

Biotechnology	Legal	Regulatory information management
Communications	Marketing	Regulatory intelligence
Conformity assessments	Medical devices	Software
Consulting	Notified body	Translation
Clinical research organization (CRO)	Pharmaceutical	Other
Education and training	Recruitment and staffing	

Conference Registration Fees

Please note preconference workshops require a separate fee as indicated below the main conference pricing.

RAPS Member – Individual	
EARLY <i>(through 13 June)</i>	\$1,940
ADVANCE <i>(14 June - 18 August)</i>	\$2,035
REGULAR <i>(19 August - 13 September)</i>	\$2,135

RAPS Enterprise Member	
EARLY <i>(through 13 June)</i>	\$1,745
ADVANCE <i>(14 June - 18 August)</i>	\$1,830
REGULAR <i>(19 August - 13 September)</i>	\$1,920

Government, Non-Profit or Emerging Market	
EARLY <i>(through 13 June)</i>	\$1,295
ADVANCE <i>(14 June - 18 August)</i>	\$1,360
REGULAR <i>(19 August - 13 September)</i>	\$1,430

Student (proof of student status is required at check in)	
STUDENT FULL CONFERENCE	\$500
STUDENT ONE DAY \$150 (SELECT DAY)	Monday Tuesday

Nonmember		Nonmember + 1 Year Individual Membership (\$225 value)	
EARLY <i>(through 13 June)</i>	\$2,455	EARLY <i>(through 13 June)</i>	\$2,165
ADVANCE <i>(14 June - 18 August)</i>	\$2,580	ADVANCE <i>(14 June - 18 August)</i>	\$2,260
REGULAR <i>(19 August - 13 September)</i>	\$2,710	REGULAR <i>(19 August - 13 September)</i>	\$2,360

Monday Night Ticketed Event – Arizona Diamondbacks vs. LA Dodgers

Join your colleagues and peers for a fun-filled night at Chase Field. Catch game two of the Diamondbacks vs. Dodgers series from a private RAPS party area with great views of the field, food and drink, and great company.

Number of tickets (\$75 each):

Ticket Total:

Registration Total:

Total Amount Due:



Method of Payment

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 to: SunTrust Bank, Richmond, VA. Must reference name of registrant. A \$30 administrative fee applies and must be added to any wire payment. Fax Number: +1 972-349-7715

ACH Transfer

Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account # 60408810—ABA #021052053. Must reference name of registrant. All bank charges are the responsibility of the payer.

Check Payment

Mail your check and completed registration form to:

Regulatory Affairs Professionals Society
5635 Fishers Lane, Suite 400
Rockville, MD 20852

Credit Card

MasterCard

Visa

American Express

Credit Card Number

Expiration Date

CVV Number

Billing Zip Code

Name as it appears on the card

Signature

Questions?

Call MCI, RAPS' Official registration and housing partner +1 972-349-7356. Please see <https://www.raps.org/convergence-2022/policies> for complete registration policies and procedures.

