



# Regulatory Affairs Certificate

Mr  Ms  Dr First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

Title \_\_\_\_\_

Company \_\_\_\_\_

Address  Business \_\_\_\_\_ Suite/Apt \_\_\_\_\_  
 Home

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (with area/country code) \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Address (if different from above)  Business \_\_\_\_\_ Suite/Apt \_\_\_\_\_  
 Home

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

By registering for this event, I hereby agree that my profile will be stored with RAPS and shared with event vendors for the purpose of administering this event. I understand that I may receive emails from RAPS regarding this event and future related events and that I can opt-out at any time by contacting RAPS or updating preferences.

I also understand that I will be added to an online community on RAPS Regulatory Exchange at connect.raps.org, powered by Higher Logic for networking and related resources and announcements regarding this event. I may opt out at any time on connect.raps.org.

## REGISTRATION FEES (All fees in US dollars)

Medical Devices Program	<input type="checkbox"/> Member* – \$2295	<input type="checkbox"/> List – \$2865	<input type="checkbox"/> Enterprise– \$2066
Pharmaceuticals Program	<input type="checkbox"/> Member* – \$2295	<input type="checkbox"/> List – \$2865	<input type="checkbox"/> Enterprise– \$2066
Dual Program	<input type="checkbox"/> Member* – \$3520	<input type="checkbox"/> List – \$4400	<input type="checkbox"/> Enterprise– \$3168
Upgrade to Dual (Medical Devices)	<input type="checkbox"/> Member* – \$1225	<input type="checkbox"/> List – \$1680	<input type="checkbox"/> Enterprise– \$1102
Upgrade to Dual (Pharmaceuticals)	<input type="checkbox"/> Member* – \$1225	<input type="checkbox"/> List – \$1680	<input type="checkbox"/> Enterprise– \$1102

\*Enterprise and Emerging Market Member discounts for qualified individuals will be applied during order processing.

## 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. All bank charges are the responsibility of the payer.

**Check #** \_\_\_\_\_

**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:** [https://www.raps.org/events-training/online-training-and-certificates\(credit card only\)](https://www.raps.org/events-training/online-training-and-certificates(credit card only))

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

**MAIL:** RAPS 5635 Fishers Lane, Suite 550,  
Rockville, MD 20852.