

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 Home Business _____ Suite/Apt _____

City/ State/Province _____

Mail Stop _____ Postal Code _____ Country _____

Phone (with area/country code) _____

Business Email Address _____

- 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

Medical Devices Program	<input type="radio"/> Member* – \$2,360	<input type="radio"/> List – \$2,950	<input type="radio"/> Enterprise – \$2,125
Pharmaceuticals Program	<input type="radio"/> Member* – \$2,360	<input type="radio"/> List – \$2,950	<input type="radio"/> Enterprise – \$2,125
Dual Program	<input type="radio"/> Member* – \$3,590	<input type="radio"/> List – \$4,490	<input type="radio"/> Enterprise – \$3,230
Upgrade to Dual (Medical Devices)	<input type="radio"/> Member* – \$1,230	<input type="radio"/> List – \$1,540	<input type="radio"/> Enterprise – \$1,110
Upgrade to Dual (Pharmaceuticals)	<input type="radio"/> Member* – \$1,230	<input type="radio"/> List – \$1,540	<input type="radio"/> Enterprise – \$1,110

*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 the following (a \$30 administration fee will apply): 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 _____ CVV _____ 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 membership policies and procedures.

How to Register

ONLINE: RAPS.org/renew (credit card only) MAIL: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD20852 FAX: +1 301 841 7956 (credit card or wire)