

RAPS Regulatory Conference – Europe 2019

13-14 May

Radisson Blu Royal Hotel • Rue du Fosse-aux-Loups 47
B-1000 • Brussels, Belgium



1810000

Prefix: Capt. Col. Dr. Miss. Mr. Mrs. Ms. Prof. Sgt.

* First Name _____ Middle Name _____ * Last Name _____

Suffix: II III IV Jr Sr

* Title _____

Highest Degree Earned: JD PhD PharmD MD MS DDS DMD SCD DVM

* Company _____

Badge Company _____

* Address _____ Address 2 _____

Postal Code _____ City _____

State/Province _____ * Country _____

* Phone (with area/country code) _____ Ext. _____

* Email (required for confirmation) _____

Email CC _____

* Emergency Contact Name _____ * Emergency Contact Phone _____

* I accept the registration Policies and Procedures posted on the conference website and the Data Use Policy below.

By registering for this event, I provide consent that my profile will be stored with RAPS and shared with processors for the purpose of doing business with RAPS. I consent to receiving announcements from RAPS and that I can opt-out at any time by contacting RAPS or updating preferences.

I also provide consent to be added to an online community on RAPS Regulatory Exchange at connect.raps.org for networking and related resources and announcements regarding this event. I may opt out at any time on connect.raps.org.

In addition, I consent to RAPS sharing my profile information to set up an account on the event app and that I may opt out at any time by contacting RAPS. I am also aware that my name and mailing address will be provided to event exhibitors and that I may opt out of communications with them at any time by directly contacting the exhibitor.

I also hereby understand and agree to the privacy policy provided on RAPS.org.

(Effective 3/1/19)

Special Accommodations

I require special accommodations at the event location and/or hotel. Please indicate type of accommodations below:

Auditory Mobility Visual

Event Location Accommodations _____

Do you have any special dietary restrictions?

None Vegetarian Vegan Celiac / Gluten Free Kosher Nut Allergy Other

Demographic Questions

* Which option best describes your current primary employer? (Select one option)

- | | |
|----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Clinical Research Organization (CRO) |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Government |
| <input type="checkbox"/> Hospital/Medical Practice | <input type="checkbox"/> Industry Organization |
| <input type="checkbox"/> Notified Body | <input type="checkbox"/> Self-employed - Other |
| <input type="checkbox"/> Self-employed Consultant | <input type="checkbox"/> Not-for-profit/Association |
| <input type="checkbox"/> Software | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Talent Acquisition |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Translations |
| <input type="checkbox"/> Media | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to answer | |

* Which of the following products are you interested in? (Select all that apply)

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> API's | <input type="checkbox"/> Biologics |
| <input type="checkbox"/> Biomaterials | <input type="checkbox"/> Biosimilars/Generic |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Combination Products |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Foods |
| <input type="checkbox"/> Generic Drugs | <input type="checkbox"/> Innovative Pharmaceuticals |
| <input type="checkbox"/> IVDs | <input type="checkbox"/> Medical Devices |
| <input type="checkbox"/> Nutritional/Natural Health | <input type="checkbox"/> Orphan Products |
| <input type="checkbox"/> OTC drugs | <input type="checkbox"/> Veterinary medicines |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |

* Year Entered Profession

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1940-1944 | <input type="checkbox"/> 1980-1984 |
| <input type="checkbox"/> 1945-1949 | <input type="checkbox"/> 1985-1989 |
| <input type="checkbox"/> 1950-1954 | <input type="checkbox"/> 1990-1994 |
| <input type="checkbox"/> 1955-1959 | <input type="checkbox"/> 1995-1999 |
| <input type="checkbox"/> 1960-1964 | <input type="checkbox"/> 2000-2004 |
| <input type="checkbox"/> 1965-1969 | <input type="checkbox"/> 2005-2009 |
| <input type="checkbox"/> 1970-1974 | <input type="checkbox"/> 2010-2014 |
| <input type="checkbox"/> 1975-1979 | |
| <input type="checkbox"/> 2015-2019 | |

CONFERENCE REGISTRATION FEES (13-14 May 2019) (All fees in Euros (€); upon processing registrants will be charged the appropriate value added tax (VAT), based on location. The VAT for Belgium is 21%.)

	Register by 13 April 2019	Register after 13 April to 10 May 2019
RAPS Member	<input type="checkbox"/> (€)1,050	<input type="checkbox"/> (€)1,250
Enterprise Member	<input type="checkbox"/> (€)950	<input type="checkbox"/> (€)1,100
Gov't/Nonprofit/Emerging/Student	<input type="checkbox"/> (€)750	<input type="checkbox"/> (€)900
Nonmember	<input type="checkbox"/> (€)1,250	<input type="checkbox"/> (€)1,450

POST-CONFERENCE REGISTRATION FEES (15 May 2019) (All fees in Euros (€); upon processing registrants will be charged the appropriate value added tax (VAT), based on location. The VAT for Belgium is 21%.)

	Register by 13 April 2019	Register after 13 April to 10 May 2019
RAPS Member	<input type="checkbox"/> (€)550	<input type="checkbox"/> (€)625
Enterprise Member	<input type="checkbox"/> (€)525	<input type="checkbox"/> (€)600
Gov't/Nonprofit/Emerging/Student	N/A	N/A
Nonmember	<input type="checkbox"/> (€)650	<input type="checkbox"/> (€)725

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 to: SunTrust Bank, Richmond, VA. Must reference name of registrant. Effective March 2019, a \$30 administrative fee applies and must be added to any wire payment.
- o **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.
- o **Check Number:** _____
- o **Credit Card** MasterCard Visa
Credit Card Number _____ Expiration Date _____ CVV Number _____ Billing Zip 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/europe-2019

MAIL: RAPS, 5635 Fishers Lane, Suite 400,
Rockville, MD 20852

FAX: +1 301 841 7956