

RAPS EURO Convergence 2020

26-30 October
Online



1810000

PERSONAL INFORMATION

* VAT Number (Please provide the [VAT identification number](#) for your company/organization. If you are not registering through your company, please put "NA".) _____

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

* First Name _____ Middle Name _____ * Last Name _____

Suffix: II III IV Jr Sr

* Email (required for confirmation) _____

* Company _____

* Title _____

Do you hold the RAC?: Yes No

CONTACT INFORMATION

* Country _____

* Address _____ Address 2 _____

* City _____

State/Province _____

* ZIP/Postal Code _____

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

REGISTRATION QUESTIONS

* What year did you enter your 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 |

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

Which of the following program track(s) are you primarily interested in attending? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Combination Products |
| <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Regulatory Business |
| <input type="checkbox"/> IVDs | |

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 |

*On a scale of 1-5 (1 = Very unimportant, 2 = Unimportant, 3 = No opinion, 4 = Important, 5 = Very important), please rate each of the following factors when you are deciding about attending a conference:

Factor	Rating
Time of year	
On what days does the conference fall (e.g. the 2020 conference occurs on Monday through Friday)	
Networking opportunities	
Breadth of topics in educational sessions	
Exhibit hall and/or talking with vendors	

POLICIES AND PROCEDURES AND DATA USE POLICY

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

* Country of Residence _____

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 speakers and that I may opt out of communications with them at any time by directly contacting them.

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

(Effective 8/25/2020)

ONLINE CONFERENCE REGISTRATION FEES [26 October (evening online), 27-30 October (online)] (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%.)

	Until 18 September 2020	19 September-22 October 2020
RAPS Member	<input type="checkbox"/> (€)960	<input type="checkbox"/> (€)1,140
Enterprise Member	<input type="checkbox"/> (€)880	<input type="checkbox"/> (€)1,040
Gov't/Nonprofit/Emerging/Student	<input type="checkbox"/> (€)640	<input type="checkbox"/> (€)760
Nonmember	<input type="checkbox"/> (€)1,160	<input type="checkbox"/> (€)1,320

OPTIONAL ONLINE PRECONFERENCE WORKSHOP REGISTRATION FEES [23 and 26 October 2020] All fees listed in Euros (€); upon processing registrants will be charged the appropriate value added tax (VAT), based on location. The VAT for Belgium is 21%.)

	Until 18 September 2020	19 September-22 October 2020
RAPS Member	<input type="checkbox"/> (€)480	<input type="checkbox"/> (€)550

Enterprise Member	<input type="checkbox"/> (€)460	<input type="checkbox"/> (€)530
Nonmember	<input type="checkbox"/> (€)575	<input type="checkbox"/> (€)640

Please select a workshop:

Friday, 23 October 2020 from 9 AM – 4 PM

- Developing a Global Unique Device Identification (UDI) Program
- Usage of Standardised Test Methods to Comply with the General Safety and Performance Requirements

Monday, 26 October 2020 from 8:30 AM – 3:30 PM

- Software as a Medical Device
- Clinical Studies in PMCF
- In Vitro Diagnostics Regulation (IVDR)

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 American Express
 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-2020

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

FAX: +1 301 841 7956