



# 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  Home \_\_\_\_\_ Suite/Apt \_\_\_\_\_

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

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

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

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

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

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

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

## REGISTRATION FEES (All fees in US dollars)

<b>Medical Devices Program</b>	<input type="checkbox"/> Member* - \$2295	<input type="checkbox"/> List - \$2865	<input type="checkbox"/> Enterprise- \$2066
<b>Pharmaceuticals Program</b>	<input type="checkbox"/> Member* - \$2295	<input type="checkbox"/> List - \$2865	<input type="checkbox"/> Enterprise- \$2066
<b>Dual Program</b>	<input type="checkbox"/> Member* - \$3520	<input type="checkbox"/> List - \$4400	<input type="checkbox"/> Enterprise- \$3168
<b>Upgrade to Dual (Medical Devices)</b>	<input type="checkbox"/> Member* - \$1225	<input type="checkbox"/> List - \$1680	<input type="checkbox"/> Enterprise- \$1102
<b>Upgrade to Dual (Pharmaceuticals)</b>	<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:** RAPS.org/onlineu (credit card only)  
**FAX:** +1 301 841 7956 (credit card or wire)  
**MAIL:** RAPS c/o SunTrust Lockbox Dept  
PO Box 79546, Baltimore, MD 21279-0546