

# Virtual Program

## Developing and Sustaining Quality Management Systems in Compliance with Pharma Industry Standards



29 May 2019 • 11:00 am–4:00 pm EDT • Online

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

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

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt \_\_\_\_\_

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

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

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

Business Email Address (required for confirmation) \_\_\_\_\_

### REGISTRATION FEES (All fees in US dollars)

<b>Member</b>	<input type="checkbox"/> \$395
<b>Nonmember</b>	<input type="checkbox"/> \$450
<i>* Purchase includes complimentary access to the on-demand recording and presentation slides for one year.</i>	

### 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. *\* Please be advised a \$30 administrative fee applies and must be added to any wire payment.*
  - 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](http://RAPS.org) for complete registration policies and procedures.

#### HOW TO REGISTER

**ONLINE:** [RAPS.org/events](http://RAPS.org/events) (credit card only)

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

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