RAPS New York/New Jersey Chapter:
Regulatory Affairs Certification (RAC) US Exam Overview

Saturday, 12 October 2019 • 8:00 am-5:00 pm EDT
Hyatt House Bridgewater
530 US Route 22 • Bridgewater, NJ 08807 • +1 908 725 0800

- 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) __________________________________

Please list special dietary/accessibility requirements __________________________________________

Please provide the name and number of an individual to contact in case of an emergency:
Name ___________________________________________ Phone Number __________________________

REGISTRATION FEES (All fees in US dollars)

<table>
<thead>
<tr>
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<th>Prior to 4 October</th>
<th>On or After 4 October</th>
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<tbody>
<tr>
<td>RAPS Member</td>
<td>$100</td>
<td>$125</td>
</tr>
<tr>
<td>Nonmember</td>
<td>$150</td>
<td>$175</td>
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METHOD OF PAYMENT

- **International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to the following (a $30 administration fee will apply):
  RAPS account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; 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 # ___________________________ Billing Postal Code _______________ Exp. Date ___________ Card Security Code (CVV): ______________ Name as it appears on 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

**EMAIL:** Send completed form to support@raps.org

**MAIL:** RAPS c/o Account Payable
5635 Fisher Lane, Suite 400
Rockville, MD 20851

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