

# Vancouver Chapter: Introduction to The Cannabis Act – Regulatory and Quality Aspects



Thursday, 28 February 2019 • 5:30–8:00 pm PST  
Victoria Satellite Location • StarFish Medical • +1 250 388 3537  
455 Boleskine Road • Victoria, BC V8Z 1E7

1922445

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)

<b>RAPS Member</b>	<input type="checkbox"/> \$15
<b>Nonmember</b>	<input type="checkbox"/> \$25

## 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; 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](http://RAPS.org) for complete registration policies and procedures.

### HOW TO REGISTER

**EMAIL:** Send completed form to [support@raps.org](mailto:support@raps.org)

**MAIL:** RAPS c/o SunTrust Lockbox Dept  
PO Box 79546, Baltimore, MD 21279-0546

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