

RAPS Wisconsin Chapter: The Essential Elements of Establishing and Managing Quality Systems

Thursday, 21 March 2019 • 5:30–8:30 pm CDT

BioPharmaceutical Technology Center

5445 East Cheryl Pkwy • Drive Madison, WI 53711 • +1 608 273 9737



1922539

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)

Student	<input type="checkbox"/> \$15
Member	<input type="checkbox"/> \$30
Nonmember	<input type="checkbox"/> \$45

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 the 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 Accounts Payable
5635 Fisher Lane, Suite 400
Rockville, MD 20851

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