

## REGISTRATION FORM

### HOW TO REGISTER

Fully complete the following (one form per registrant, photocopies acceptable). Payment must accompany each registration.

**ONLINE:** Secure online registration at [www.PharmaCongress.com](http://www.PharmaCongress.com).

**FAX:** 760-418-8084 (include credit card information with registration)

**MAIL:** Conference Office, 7790 Barberrry Avenue, Yucca Valley, CA 92284

### FOR REGISTRATION QUESTIONS:

**PHONE:** 800-684-4549 Monday-Friday, 9 AM - 5 PM PST

**E-MAIL:** [RegistrationHQ@aol.com](mailto:RegistrationHQ@aol.com)  
(Registration is not available by phone or e-mail.)

Complete the Following:

### PLEASE PRINT

NAME \_\_\_\_\_

SIGNATURE OF REGISTRANT - REQUIRED \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX - Please include fax number if you wish to receive a confirmation letter. \_\_\_\_\_

E-MAIL \_\_\_\_\_

### PRE-CONFERENCES:

- PRE-CONFERENCE I:** Special Pre-Conference Symposia on  
OIG Model Compliance Guidance
- PRE-CONFERENCE II:** Special Pre-Conference Symposia on Privacy

### PRE-CONFERENCE REGISTRATION:

- Preconference Symposia: \$395. \_\_\_\_\_

### CONCURRENT SESSIONS:

(For tracking purposes only — you may change your choices later.)

#### Thursday, November 14, 2002

- |            |                               |                               |                               |                               |                               |
|------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 10:45 a.m. | <input type="checkbox"/> 1.01 | <input type="checkbox"/> 1.02 | <input type="checkbox"/> 1.03 | <input type="checkbox"/> 1.04 | <input type="checkbox"/> 1.05 |
| 2:45 p.m.  | <input type="checkbox"/> 2.01 | <input type="checkbox"/> 2.02 | <input type="checkbox"/> 2.03 | <input type="checkbox"/> 2.04 | <input type="checkbox"/> 2.05 |

#### Friday, November 15, 2002

- |            |                               |                               |                               |                               |                               |
|------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 10:45 a.m. | <input type="checkbox"/> 3.01 | <input type="checkbox"/> 3.02 | <input type="checkbox"/> 3.03 | <input type="checkbox"/> 3.04 | <input type="checkbox"/> 3.05 |
| 3:15 p.m.  | <input type="checkbox"/> 4.01 | <input type="checkbox"/> 4.02 | <input type="checkbox"/> 4.03 | <input type="checkbox"/> 4.04 | <input type="checkbox"/> 4.05 |

### CONFERENCE REGISTRATION:

- Before 10/11/02: \$1,595 \_\_\_\_\_
- After 10/11/02: \$1,795 \_\_\_\_\_
- Groups of 5 or more  
from the same  
organization: \$1,395  
(Please attach a copy of this  
form for each registrant.) \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators LLC), MasterCard, Visa or American Express. A \$20 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

### TAX DEDUCTIBILITY

Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

### TERMS AND CONDITIONS

Program subject to change. Executed Registration Form constitutes binding agreement between the parties.

### PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Registrar at the Pharmaceutical Regulatory and Compliance Congress, 7790 Barberrry Avenue, Yucca Valley, CA 92284, or fax your credit card payment to 760-418-8084. You may also register online at the Pharmaceutical Congress website: [www.PharmaCongress.com](http://www.PharmaCongress.com).

- Check/money order enclosed  
(checks payable to Health Care Conference Administrators LLC)
- Payment by credit card:  
  - American Express
  - Visa
  - Mastercard

Credit card number must be given to hold registration. If payment is not received by seven days prior to the Congress, credit card payment will be processed. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

TOTAL \$ \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

Program subject to change. No refunds given for no-shows or cancellations. Executed registration form, online registration and e-mail confirmation constitute binding agreement between the parties.

### HOTEL ACCOMMODATIONS

Special rates of \$195 single/double (plus tax) per night, have been arranged for the Pharmaceutical Regulatory and Compliance Congress. **There are a limited number of rooms available at the special rates.** Please make your reservations directly with the hotel and mention the Pharmaceutical Regulatory and Compliance Congress to receive the reduced rate. Reservations will be accepted until October 15, 2002. After that cut-off date, reservations will be accepted on a space-available basis only.

#### Philadelphia Marriott

1201 Market Street • Philadelphia, PA 19107

Reservations: 800-228-9290

### AIRLINE/RENTAL CAR

For discounts on air travel and rental car, contact Crofoot Travel at 1-800-872-8587. Please mention the name of the conference to receive the special conference discounts.