

The Eleventh Annual Pharmaceutical Regulatory and Compliance Congress

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.

FAX: 206-319-5303 (include credit card information with registration)

MAIL: Conference Office, 22529 39th Ave SE, Bothell, WA 98021.

FOR REGISTRATION QUESTIONS:

PHONE: 800-503-7419 Monday-Friday, 9 AM - 5 PM Pacific Time

E-MAIL: registration@hcconferences.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 _____

SPECIAL NEEDS (DIETARY OR PHYSICAL)? PLEASE SPECIFY: _____

PRECONFERENCE ONLY:

Precon I: Compliance Basics \$495 _____

Precon II: Internet and Social Networking
Communication Update \$495 _____

CONFERENCE ONLY (does not include precon):

Payment received by 8/6/10: \$1595 _____

Payment received by 9/10/10: \$1795 _____

Payment received after 9/10/10: \$1995 _____

PCF Member Rate \$1495 _____

Optional Registration Code:

For 3 or more registrants from the same institution, the reg fee is \$1595 (registration forms must be submitted simultaneously).

MULTIMEDIA

To get this discounted price you must purchase media WITH your registration. Conference Audio/Video and PowerPoint on:

Flash Drive \$99 _____

Web (6 month access) \$99 _____

TOTAL AMOUNT DUE: _____

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators LLC), MasterCard, Visa or American Express. A \$30 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.

To hold a registration until a check arrives, credit card number must be given and duly noted on the registration form to hold and not to process. If payment is not received by seven days prior to the conference credit card payment will be processed.

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 800-503-7419.

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 Congress, 22529 39th Ave SE, Bothell, WA 98021, or fax your credit card payment to 206-319-5303.

You may also register online at the Pharmaceutical Congress website: 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 _____ SECURITY CODE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____

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