

24th Annual Pharmaceutical Regulatory and Compliance Congress - Onsite

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.

MAIL: 12320 NE 8th Street, Suite 200, Bellevue, WA 98005-3187

FOR REGISTRATION QUESTIONS:

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

E-MAIL: reginfo@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

E-MAIL

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

STANDARD INDIVIDUAL RATE (no precon):

- ☐ Payment received by 8/25/2023*: \$2,195
- ☐ Payment received by 9/22/2023**: \$2,495
- ☐ Payment received after 9/22/2023: \$2,795

STANDARD GROUP RATE (no precon):

- ☐ Groups of 3 or more: \$2,195
- ☐ Groups of 6 or more: \$2,095
- ☐ Groups of 9 or more: \$1,995

PCF INDIVIDUAL RATE (no precon):

- ☐ Payment received by 8/25/2023*: \$1,795
- ☐ Payment received by 9/22/2023**: \$1,995
- ☐ Payment received after 9/22/2023: \$2,195

PCF GROUP RATE (no precon):

- ☐ Groups of 3 or more: \$1,595
- ☐ Groups of 6 or more: \$1,495
- ☐ Groups of 9 or more: \$1,395
- ☐ Groups of 12 or more: \$1,295
- ☐ Groups of 15 or more: \$1,195

Optional Registration Code:

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.

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 Health Care Conference Administrators, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005-3187. 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

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.

* This price reflects a discount for registration & payment received through Aug. 25, 2023.

** This price reflects a discount for registration & payment received through Sep. 22, 2023.

*** To qualify for the PCF member rate an individual must be a employee of a member company of the Pharmaceutical Compliance Forum (PCF), www.PharmaComplianceForum.com.