

23rd Annual Pharmaceutical Regulatory and Compliance Congress - Online

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: 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

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 _____

E-MAIL _____

STANDARD INDIVIDUAL RATE:

Payment received by 8/26/2022*: \$1,595 _____

Payment received by 9/23/2022**: \$1,795 _____

Payment received after 9/23/2022: \$1,995 _____

STANDARD GROUP RATE:

Groups of 5 or more: \$1,595 _____

Groups of 10 or more: \$1,495 _____

Groups of 20 or more: \$1,395 _____

Groups of 40 or more: \$1,195 _____

PCF INDIVIDUAL RATE:

Payment received by 8/26/2022*: \$795 _____

Payment received by 9/23/2022**: \$895 _____

Payment received after 9/23/2022: \$995 _____

PCF GROUP RATE:

Groups of 5 or more: \$695 _____

Groups of 10 or more: \$595 _____

Groups of 20 or more: \$495 _____

Groups of 40 or more: \$395 _____

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

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. 26, 2022.

** This price reflects a discount for registration & payment received through Sep. 23, 2022.

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