

25th Annual Pharmaceutical Regulatory and Compliance Congress - Online

REGISTRATION FORM

HOW TO REGISTER

Fully complete the following form for individual registrations. If registering a group, complete the following for the group contact and attach a list of group attendees. For each attendee provide name, title, organization, work address, telephone number, and email address. Payment must accompany each registration.

ONLINE: Secure online registration at www.PharmaCongress.com.

MAIL: 12320 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: reginfo@hcconferences.com

(Registration is not available by phone or e-mail.)

COMPLETE THE FOLLOWING — PLEASE PRINT:

NAME _____

SIGNATURE OF REGISTRANT - REQUIRED _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

E-MAIL _____

STANDARD INDIVIDUAL RATE:

- Payment received by 7/12/2024*: \$1,795 _____
- Payment received by 8/16/2024**: \$1,995 _____
- Payment received by 9/20/2024***: \$2,195 _____
- Payment received after 9/20/2024: \$2,395 _____

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: \$1,295 _____

PCF INDIVIDUAL RATE:

- Payment received by 7/12/2024*: \$1,195 _____
- Payment received by 8/16/2024**: \$1,395 _____
- Payment received by 9/20/2024***: \$1,595 _____
- Payment received after 9/20/2024: \$1,795 _____

PCF GROUP RATE:

- Groups of 5 or more: \$995 _____
- Groups of 10 or more: \$895 _____
- Groups of 20 or more: \$795 _____
- Groups of 40 or more: \$695 _____

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.

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 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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* This price reflects a discount for registration & payment received through July 12, 2024.

** This price reflects a discount for registration & payment received through Aug. 16, 2024.

*** This price reflects a discount for registration & payment received through Sep. 20, 2024.

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.