

Atlanta Chapter: Changes Affecting Medical Device Manufacturers—Going From Directive to Regulation in Europe

Thursday, 24 August 2017 • 3:00–7:00 pm EDT

Arbor Pharmaceuticals LLC

Six Concourse Parkway, Suite 1800 • Atlanta, GA 30328 • +1 678 334 2420



1721266

Mr. Ms. Dr. First Name _____ MI _____ Last Name _____

Advanced Degree: JD PhD PharmD MD DDS DMD SCD DVM RAC

Title _____

Company _____

Address _____ Suite/Apt. _____

City/ State/Province _____

Mail Stop _____ Postal Code _____ Country _____

Phone (with area/country code) _____

Business Email Address (required for confirmation) _____

Please list special dietary/accessibility requirements _____

Please provide the name and number of an individual to contact in case of an emergency:

Name _____ Phone Number _____

REGISTRATION FEES (All fees in US dollars)

	Prior to 17 August 2017	On or after 17 August 2017
RAPS Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40
List	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50

*Credit card and cash payments are no longer accepted for onsite registrations. Only personal or company checks are acceptable.

METHOD OF PAYMENT

International Wire Transfer: Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

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Account # _____ Exp. Date _____ Billing Postal Code _____

Name as it appears on the card _____ Signature _____

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see **RAPS.org** for complete registration policies and procedures.

HOW TO REGISTER

ONLINE: RAPS.org/chapters
(credit card only)

MAIL: RAPS c/o SunTrust Lockbox Dept.
PO Box 79546, Baltimore, MD 21279-0546

FAX: +1 301 841 7956 (credit card or wire)