

Understand the New EU Medical Device/IVD Regulations (4-part series)



3, 10, 17 and 24 May 2017 • 11:00 am–1:00pm Eastern • Virtual Program

HOW TO REGISTER

ONLINE:

RAPS.org (credit card only)

BY MAIL:

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

BY FAX:

+1 301 841 7956 (credit card or wire)

Full payment must accompany this form.

Questions? Please call RAPS Solutions Center at +1 301 770 2920, ext. 200

REGISTRATION POLICIES

Please visit RAPS.org for conference registration policies and procedures.

RAPS membership is individual and must be paid in full to qualify for conference member fees. Please visit the RAPS website for complete membership qualifications.

Confirmed Registration: Registrations received without payment will not be processed or returned. Email RAPS at raps@raps.org or call RAPS Solutions Center at +1 301 770 2920, ext. 200.

Deadlines: Advance registration will be accepted until 2 May; after 2 May, please contact the RAPS Solutions Center for registration options.

Cancellations and Refunds: Written cancellations received by 5:00 pm Eastern on 25 April will be refunded after the program in full minus a 20% administrative fee. Refunds will not be granted for failure to attend, late arrivals, early departures, changes to the agenda or speaker roster or balance due registrations received after the registration deadline. *Please note: RAPS does not accept cancellations by phone.*

Substitutions: Substitutions are accepted with written notification from the original registrant in advance of meeting. In event of substitution, membership acquired through conference registration remains with the original registrant; nonmember substitutes will be required to pay applicable nonmember fees.

Meeting Cancellation: RAPS reserves the right to cancel any conference at its sole discretion, whereupon all registration fees will be refunded. RAPS is not responsible for any costs incurred due to a cancellation.

Agenda/Speakers: Subject to change without notice. Check RAPS.org for the most current information.

Questions

Call RAPS Solutions Center at +1 301 770 2920, ext. 200 or email raps@raps.org.

REGISTRATION FEES (All fees in US dollars)

Options	4-part series	Week 1	Week 2	Week 3	Week 4	For Internal Use Only
RAPS Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	1730132 (A-D)
List	<input type="checkbox"/> \$600	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	1730132 (A-D)

PARTICIPANT INFORMATION

Your business address will be used for the conference participant listing. If you would like to provide RAPS with an address update please go to www.raps.org

RAPS Member ID#: _____

Mr. Ms. Dr.

First Name _____ MI _____ Last Name _____

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

Title _____

Company _____

Address _____

City/State/Province _____

Mailstop _____ Postal Code _____ Country _____

Phone (with area/country code) _____

Fax (with area/country code) _____

Email Address (required for confirmation) _____

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 to: SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

Check #: _____

American Express MasterCard Visa

Account # _____ Exp. Date _____ Billing Postal Code _____

Name as it appears on the card _____

Signature _____