

# RAPS New York/New Jersey Chapter: US Regulatory Affairs Certification (RAC) Exam Overview

23 September 2017 • 8:00 am-5:00 pm EDT

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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)

	Register before 9 September 2017	Register on or after 9 September 2017
<b>RAPS Member</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
<b>List</b>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175

## 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.
- Check #** \_\_\_\_\_
- Credit Card**  American Express  MasterCard  Visa  
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)