

RAPS Florida Chapter: Clinical Consideration for EU Regulation 2017/745



Monday, 16 October 2017 • 8:00-10:30 am EDT

CONMED • 11311 Concept Boulevard • Building 2, QES Room • Largo, FL 33773

+1 727 392 6464

1722826

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)

RAPS Member	<input type="checkbox"/> \$25
List	<input type="checkbox"/> \$35

***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.
- 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)