

# RAPS New York/New Jersey Chapter: FDA, the Year in Review

16 November 2017 • 5:00-8:00 pm EST

Stryker Orthopaedics – Homer Stryker Center Building  
325 Corporate Drive • Mahwah, NJ 07430 • +1 201 831 5000



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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)

<b>RAPS Member</b>	<input type="checkbox"/> \$20
<b>List</b>	<input type="checkbox"/> \$25

## 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](http://RAPS.org) for complete registration policies and procedures.

### HOW TO REGISTER

**ONLINE:** [RAPS.org/chapters](http://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)