

# RAPS Twin Cities Chapter: 21 CFR 820 Quality System Regulation and ISO 13485 Medical Devices Q&A Chat Session



Live “Ask the Expert” Chat Session • Thursday, 12 October • 12:00–2:00 pm CDT  
Access to recorded presentation included with registration.

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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"/> \$35

## 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 #** \_\_\_\_\_
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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)