

2024 PDA/FDA JOINT REGULATORY CONFERENCE

EXHIBIT AND SUPPORT PACKAGES

*Branding, Networking,
and Lead Generation
Opportunities*



CONNECTING
PEOPLE
SCIENCE AND
REGULATION®

09-11 SEPTEMBER | WASHINGTON, DC

THE WESTIN WASHINGTON, DC

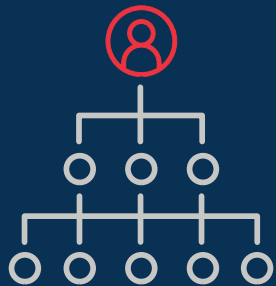
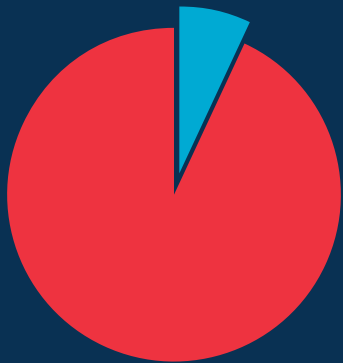
EXHIBITION: 09-10 SEP.

#PDAFDA



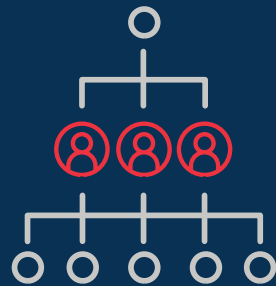
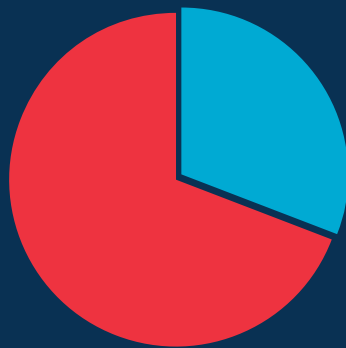
ATTENDEE DEMOGRAPHICS

ATTENDANCE BY JOB TITLES:



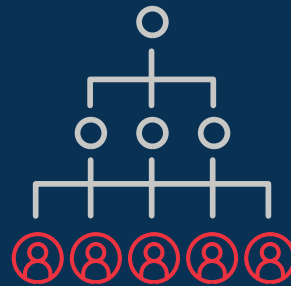
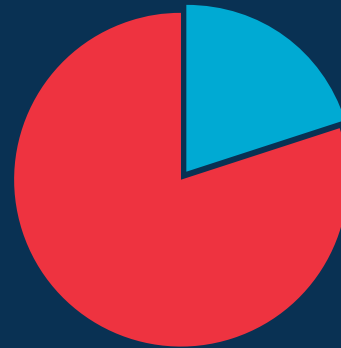
7%

**PRESIDENT/CEO/
CHAIRMAN**



31%

**VP/DIRECTOR/
DEPARTMENT HEAD**



20%

**MANAGER/
SUPERVISOR**



28%

TECHNICAL SPECIALIST
(Engineer, Scientist, Consultant)



SUPPORT PACKAGES

Includes the following deliverables as well as a presence on the event app and PDA Website

DIAMOND SUPPORTER PACKAGE \$40,000 (EXCLUSIVE)

Diamond Supporter Package Components:



Official Supporter of the Conference App

(Splash Page Opening, tile on app)



Exhibit Package

- 6' x 2.5' Tabletop
- 1 Complimentary Full Conference Pass
- 1 Complimentary Exhibit Only Pass



Additional Registrations

- 3 Additional Complimentary Full Conference Passes
- 3 Additional Complimentary Exhibit Only Passes
- 10% discount on additional Full Conference Passes



Mobile App

- Splash Page Ad
- Rotating Banner Ad on Main Page
- Company Description Information
- Company Contact Information
- Category Index Search



Onsite Visibility

- Company logo on the event signage
- Prominent recognition on the Opening Plenary Session Slides



PDA Website Recognition on Conference Page

- Company Logo Recognition as a Diamond Supporter



Email Feature

- 1 Complimentary Pre-Conference and 1 Complimentary Post-Conference Dedicated Email to Attendees
- Company Logo Recognition on Emails Promoting the Conference



FDA

SUPPORT PACKAGES

Includes the following deliverables as well as a presence on the event app and PDA Website

PLATINUM SUPPORTER PACKAGE

Platinum Supporter Package Components:

Exhibit Package

- 6' x 2.5' Tabletop
- 1 Complimentary Full Conference Pass
- 1 Complimentary Exhibit Only Pass

Additional Registrations

- 2 Additional Complimentary Full Conference Passes
- 2 Additional Complimentary Exhibit Only Passes
- 10% discount on additional Full Conference Passes

Mobile App

- Banner Ad
- Company Description Information
- Company Contact Information
- Category Index Search

Onsite Visibility

- Company logo on the event signage
- Prominent recognition on the Opening Plenary Session Slides

PDA Website Recognition on Conference Page

- Company Logo Recognition as a Platinum Supporter

Email Feature

- 1 Complimentary Pre-Conference Dedicated Email to Attendees
- Company Logo Recognition on Emails Promoting the Conference

PLATINUM SUPPORTER PACKAGE 1 \$35,000 (EXCLUSIVE)

- Everything listed under Platinum Supporter Package Components
- **Official Supporter of the Wireless Internet Service**
- Login Password – Company Name
- Login Splash Page Recognition

PLATINUM SUPPORTER PACKAGE 2 \$35,000 (EXCLUSIVE)

- Everything listed under Platinum Supporter Package Components
- **Official Supporter of the Conference Lanyards**

PLATINUM SUPPORTER PACKAGE 3 \$35,000 (EXCLUSIVE)

- Everything listed under Platinum Supporter Package Components
- **Official Supporter of the Conference Hotel Key Cards**

PLATINUM SUPPORTER PACKAGE 4 \$35,000 (EXCLUSIVE)

- Everything listed under Platinum Supporter Package Components
- **Official Supporter of the Conference Tote Bag**



SUPPORT PACKAGES

Includes the following deliverables as well as a presence on the event app and PDA Website

GOLD SUPPORTER PACKAGE

Gold Supporter Package Components:

Exhibit Package

- 6' x 2.5' Tabletop
- 1 Complimentary Full Conference Pass
- 1 Complimentary Exhibit Only Pass

Additional Registrations

- 1 Additional Complimentary Full Conference Pass
- 2 Additional Complimentary Exhibit Only Passes
- 10% discount on additional Full Conference Passes

Mobile App

- Banner Ad
- Company Description Information
- Company Contact Information
- Category Index Search

Onsite Visibility

- Company logo on the event signage
- Prominent recognition on the Opening Plenary Session Slides

PDA Website Recognition on Conference Page

- Company Logo Recognition as a Gold Supporter

Email Feature

- 1 Complimentary Post-Conference Dedicated Email to Attendees
- Company Logo Recognition on Emails Promoting the Conference

GOLD SUPPORTER PACKAGE 1 \$30,000 (EXCLUSIVE)

- Everything listed under Gold Supporter Package Components
- **Official Supporter of the Conference Pen**

GOLD SUPPORTER PACKAGE 2 \$30,000 (EXCLUSIVE)

- Everything listed under Gold Supporter Package Components
- **Official Supporter of the Conference Note Pad**

GOLD SUPPORTER PACKAGE 3 \$30,000

- Everything listed under Gold Supporter Package Components
- **Official Supporter of Lunch – First Day**

GOLD SUPPORTER PACKAGE 4 \$30,000

- Everything listed under Gold Supporter Package Components
- **Official Supporter of Lunch – Second Day**

GOLD SUPPORTER PACKAGE 5 \$30,000

- Everything listed under Gold Supporter Package Components
- **Official Supporter of Networking Reception**



SUPPORT PACKAGES

Includes the following deliverables as well as a presence on the event app and PDA Website

SILVER SUPPORTER PACKAGE

Silver Supporter Package Components:

Exhibit Package

- 6' x 2.5' Tabletop
- 1 Complimentary Full Conference Pass
- 1 Complimentary Exhibit Only Pass

Additional Registrations

- 1 Additional Complimentary Exhibit Only Pass
- 10% discount on additional Full Conference Passes

Mobile App

- Banner Ad on Sub Page
- Company Description Information
- Company Contact Information
- Category Index Search

Onsite Visibility

- Company logo on the event signage
- Prominent recognition on the Opening Plenary Session Slides

PDA Website Recognition on Conference Page

- Company Logo Recognition as a Silver Supporter

Email Feature

- Company Logo Recognition on Emails Promoting the Conference

SILVER SUPPORTER PACKAGE 1 \$25,000

- Everything listed under Silver Supporter Package Components
- **Official Supporter of Continental Breakfast Day 1**

SILVER SUPPORTER PACKAGE 2 \$25,000

- Everything listed under Silver Supporter Package Components
- **Official Supporter of Continental Breakfast Day 2**

SILVER SUPPORTER PACKAGE 3 \$25,000

- Everything listed under Silver Supporter Package Components
- **Official Supporter of Refreshment Break Day 1**

SILVER SUPPORTER PACKAGE 4 \$25,000

- Everything listed under Silver Supporter Package Components
- **Official Supporter of Refreshment Break Day 2**

SILVER SUPPORTER PACKAGE 5 \$25,000

- Everything listed under Silver Supporter Package Components
- **Official Supporter of Mobile Device Charging Stations**



SUPPORT PACKAGES

Includes the following deliverables as well as a presence on the event app and PDA Website

BRONZE SUPPORTER PACKAGE \$20,000

Bronze Supporter Package Components:

Exhibit Package

- 6' x 2.5' Tabletop
- 1 Complimentary Full Conference Pass
- 1 Complimentary Exhibit Only Pass

Registration Discount

- 10% discount on additional Full Conference Passes

Mobile App

- Company Description Information
- Company Contact Information

Onsite Visibility

- Company logo on the event signage
- Prominent recognition on the Opening Plenary Session Slides

PDA Website Recognition on Conference Page

- Company Logo Recognition as a Bronze Supporter

Email Feature

- Company Logo Recognition on Emails Promoting the Conference

À LA CARTE ITEMS

Registration Access Upgrade

Discount on Additional Full Single Conference Pass –
Save 10% on early or standard rate

Group Registration Discount – Buy 3 Full Conference Passes at the standard prevailing rate and get the 4th free
Save from \$1,900 – \$2,700

Pre-Conference HTML Email to Conference Attendees **\$3,800**

Post-Conference HTML Email to Conference Attendees **\$3,800**

Mobile App Ads

Main Page and Sub Pages **Available from \$2,000 – \$5,000**

Other Items

Passport Raffle **\$1,000**

Door Drops **\$4,500 plus room delivery charge**

Insert in Conference Tote Bag **\$3,800 – Due by August 1, 2024**

Seat Drop **\$4,500 during plenary session (limit 2 available per day)**

Bar (one) Sponsorship at Networking Reception **\$5,000**

Food Station (one) Sponsorship at Networking Reception **\$5,000**



SUPPORT PACKAGES AT-A-GLANCE

DELIVERABLES

	DIAMOND	PLATINUM 1	PLATINUM 2	PLATINUM 3	PLATINUM 4	GOLD 1	GOLD 2	GOLD 3	GOLD 4	GOLD 5	SILVER 1	SILVER 2	SILVER 3	SILVER 4	SILVER 5	BRONZE
Official Supporter of the Conference App <i>(Splash Page Opening, tile on app)</i>	●															
Official Supporter of the Wireless Internet Service		●														
Official Supporter of the Conference Lanyards			●													
Official Supporter of the Conference Hotel Key Cards				●												
Official Supporter of the Conference Tote Bag					●											
Official Supporter of the Conference Pen						●										
Official Supporter of the Conference Note Pad							●									
Official Supporter of Lunch – First Day								●								
Official Supporter of Lunch – Second Day									●							
Official Supporter of Monday Evening Reception										●						
Official Supporter of Continental Breakfast Day 1											●					
Official Co-Supporter of Continental Breakfast Day 2												●				
Official Supporter of Refreshment Break Day 1													●			
Official Supporter of Refreshment Break Day 2														●		
Official Supporter of Mobile Device Charging Stations															●	
Visibility Supporter																●

DELIVERABLES:

Exhibit Package – 6' x 2.5' Tabletop	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Registrations <i>1 Full Conference Pass and 1 Exhibit Only Pass</i>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Additional Registrations <ul style="list-style-type: none"> ● 3 Additional Full Conference Passes and 3 Additional Exhibit Only Passes ● 2 Additional Full Conference Passes and 2 Additional Exhibit Only Passes ● 1 Additional Full Conference Pass and 2 Additional Exhibit Only Passes ● 1 Additional Exhibit Only Pass 	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Registration Discount – Full Conference Passes <i>10% Discount</i>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mobile App – Listing with Category Index	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mobile App – Rotating Banner Ad on Main Page	●	●	●	●	●											
Mobile App – Banner or Tile Ad on Sub Page						●	●	●	●	●	●	●	●	●	●	●
PDA App Recognition	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Onsite Visibility – Entrance Unit Recognition	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Email Feature <ul style="list-style-type: none"> ● Pre- and Post-HTML email blast ● Pre-HTML email blast ● Post-HTML email blast 	●	●	●	●	●	●	●	●	●	●						
Company Logo Recognition on Emails Promoting the Conference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

* For full details review support packages.



**2024 PDA/FDA JOINT REGULATORY CONFERENCE
SUPPORTER PACKAGE OPTIONS**

EXHIBITION: 09-10 SEPTEMBER

DIAMOND SUPPORTER PACKAGE

DIAMOND SUPPORTER \$40,000 (EXCLUSIVE)

(Includes a total of 4 Full Conference Passes and 4 Exhibit Only Passes.)

PLATINUM SUPPORTER PACKAGES

**PLATINUM SUPPORTER 1
\$35,000
(EXCLUSIVE)**

**PLATINUM SUPPORTER 2
\$35,000
(EXCLUSIVE)**

**PLATINUM SUPPORTER 3
\$35,000
(EXCLUSIVE)**

**PLATINUM SUPPORTER 4
\$35,000
(EXCLUSIVE)**

(Includes a total of 3 Full Conference Passes and 3 Exhibit Only Passes.)

GOLD SUPPORTER PACKAGES

**GOLD SUPPORTER 1
\$30,000
(EXCLUSIVE)**

**GOLD SUPPORTER 2
\$30,000
(EXCLUSIVE)**

**GOLD SUPPORTER 3
\$30,000**

**GOLD SUPPORTER 4
\$30,000**

**GOLD SUPPORTER 5
\$30,000**

(Includes a total of 2 Full Conference Passes and 3 Exhibit Only Passes.)

SILVER SUPPORTER PACKAGES

**SILVER SUPPORTER 1
\$25,000**

**SILVER SUPPORTER 2
\$25,000**

**SILVER SUPPORTER 3
\$25,000**

**SILVER SUPPORTER 4
\$25,000**

**SILVER SUPPORTER 5
\$25,000**

(Includes a total of 1 Full Conference Pass and 2 Exhibit Only Passes.)

BRONZE SUPPORTER PACKAGE

BRONZE SUPPORTER \$20,000

(Includes a total of 1 Full Conference Pass and 1 Exhibit Only Pass.)

À LA CARTE OPTIONS:

- Pre-Conference HTML Email to Conference Attendees **\$3,800**
- Post-Conference HTML Email to Conference Attendees **\$3,800**

REGISTRATION ACCESS UPGRADE

- 10% Discount** on Additional Full Conference Passes – on single pass requests
- Group Registration Rate (Buy 3 Full Conference passes at the standard prevailing rate and get 4th Free) – **Save from \$1,900 – \$2,700!**

OTHER ITEMS

- Passport Raffle **\$1,000**
- Door Drop **\$4,500** plus room delivery charges
- Tote Bag Insert **\$3,800**
- Seat Drop **\$4,500** (materials to arrive at PDA by 01 August, 2024.)
- Bar (one) Sponsorship at Networking Reception **\$5,000**
- Food Station (one) Sponsorship at Networking Reception **\$5,000**

Mobile App

- Rotating or Tile Ads from **\$2,000 – \$5,000**. Call for Details!

When submitting your supporter agreement form, provide your company logo in EPS and AI files so our team can begin working on your deliverables.

Contact Information: Booth Administrator will receive all show correspondence. ***REQUIRED FIELDS**

Booth Administrator

* Name _____

* Job Title _____

* Company _____

* Company Address _____

* City/State/Zip Code _____

* Email _____ * Business Phone _____

Signature _____ Date _____

The person signing this document represents the exhibitor company and acknowledges that they have read and agree to abide by the rules and regulations of this Contract. (see attached)

Please allow 5-7 business days to receive an invoice and confirmation of your space choice. You will have the opportunity to pay directly in your www.pda.org account. Instructions will be provided by email.

**Return your completed PDA Contract with payment to: Alison Caballero at caballero@pda.org.
If form is faxed, it must include necessary credit card information.**



2024 PDA/FDA JOINT REGULATORY CONFERENCE SUPPORTER RULES AND REGULATIONS

EXHIBITION: 09-10 SEPTEMBER

CONFIRMATION OF PASSES INCLUDED WITH EXHIBIT PACKAGE:

Please allow one week for receipt of confirmation. We must receive your names by **09 JULY 2024**. Badges can be picked up on site on 08 September at the registration counter.

FULL CONFERENCE PASS INCLUDED WITH THE EXHIBIT PACKAGE:

The Full Conference Pass allows access to the plenary/concurrent sessions and access to the Exhibit Hall. Badges can be picked up on site on 08 September at the registration counter.

CONFIRMATION OF ADDITIONAL FULL CONFERENCE PASSES:

An email confirmation will be sent once payment is received. You must have this written confirmation to be considered enrolled in a PDA event. Please allow one week for receipt of confirmation email.

SUBSTITUTIONS ON FULL CONFERENCE PASSES WITH THE EXHIBIT PACKAGE:

Substitutions can be made in writing before **09 JULY 2024**. Substitutions on additional Full Conference Badges: If you are unable to attend, substitutions can be made at any time before **09 JULY 2024** with no change fee.

REFUNDS ON ADDITIONAL FULL CONFERENCE AND ADDITIONAL EXHIBIT ONLY PASSES:

Refund requests must be in writing and faxed to +1 (301) 986-1093. (Emails and phone messages are not accepted). Refunds for Conference: If your written request is received on or before **09 JULY 2024**, you will receive a full refund minus a \$200 processing fee. After that time, no refunds or credit requests will be approved. PDA reserves the right to modify the material or speakers/instructors without notice or to cancel an event. If an event must be canceled, registrants will be notified by PDA in writing as soon as possible and will receive a full refund. PDA will not be responsible for penalties or other costs incurred due to cancellation. For more details, contact PDA at registration@pda.org or +1 (301) 656-5900.

REPRESENTATIVE'S PERSONAL DATA: I warrant and represent that I have all necessary authority and, if necessary, the consent of, the Supporter's representative to provide the representative's personal information in connection with the formation and performance of this contract. The processing of the representative's personal data will be subject to the event's Privacy Notice: pda.org/event-privacy-notice, original privacy policy: pda.org/privacy-policy

ATTENDEE LIST:

- a. Attendee List.** The Supporter shall not use any personal information, including names, email addresses, mailing addresses, or any other information obtained from the event's attendee list circulated among or otherwise generally made available to the event's attendees (the "Attendee List") for any purpose. Notwithstanding the foregoing, in the event the Supporter's representative is registered as an attendee to the event, the representative may use the Attendee List solely for his or her personal networking purposes.
- b. Marketing List.** PDA may provide the Supporter with a list of a subset of attendees, other than the general Attendee List, which shall include the contact information of such individuals who have consented to PDA sharing their personal information with the event Supporter for the Supporter's own marketing purposes (the "Marketing List"). The Supporter shall not, and warrants and represents that it shall not, share or disclose the Marketing List to any third party unless such sharing or disclosure is solely for purposes of the Supporter's own business purposes (e.g., the Exhibitor's service providers).

All prices in U.S. dollars.

Please note: In order to receive the prevailing registration rate, your registration(s) must be received by PDA by 17:00 EDT (UTC -4) on or before the date noted.



2024 PDA/FDA JOINT REGULATORY CONFERENCE COMPLIMENTARY CONFERENCE PASS REGISTRATION FORM – EXHIBITORS WITH MULTIPLE PASSES AS PART OF AGREEMENT

EXHIBITION: 09-10 SEPTEMBER

Complimentary Conference Pass Information: Your Exhibit Package includes the number of complimentary badges specified in your exhibit agreement. Kindly provide the information of your attendees in the spaces below.

Your submissions will be verified by our registration team using your exhibit agreement. Only provide information for your allotted badges. If you wish to purchase additional Full Conference Passes or Exhibit Only Badges, use the Additional Pass Request Form.

If any information is provided outside your number of allotted passes, our registration team will invoice you at the prevailing rate. Any additional registration requests will receive a confirmation upon full payment before the start of the Conference. Confirmations will be sent directly to the conference registrants.

Use your original form to make any changes. Once completed, re-submit to your exhibitor portal.

Complimentary Full Conference Passes

Access to all conference sessions and exhibit area. **CO-PRESENTERS** are required to purchase a Full Conference Pass. The Full Conference pass included with the booth package does not qualify for Co-presenter submissions. ***REQUIRED FIELDS**

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name
* Job Title
* Company
* Address
* City * State/Province * Zip/Postal Code
* Email * Business Phone
 Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

* I consent to: My contact information (name, company, job title, city, state, country) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. By registering for this meeting, you agree to abide by the PDA Code of Conduct.



2024 PDA/FDA JOINT REGULATORY CONFERENCE

COMPLIMENTARY EXHIBIT PACKAGE REGISTRATION FORM

EXHIBITION: 09-10 SEPTEMBER

Each Exhibit Package includes 1 complimentary Full Conference Pass and 1 complimentary Exhibit Only Pass. Your registrations must be submitted by **09 JULY 2024 BY 11:00 A.M. EDT**. A \$50 penalty will be applied for submissions/substitutions after this date. Confirmations will be sent directly to the registrants listed below. Please provide the email to which the confirmation should be sent. Use your original form to make any changes. Once completed, re-submit to your exhibitor portal.

Passes

COMPLIMENTARY FULL CONFERENCE PASS Access to all conference sessions, Exhibit Area, and Networking Reception. **CO-PRESENTERS** are required to purchase a standard Full Conference Pass. The Full Conference Pass included with exhibit package does not qualify for co-presentation. ***REQUIRED FIELDS**

New Submission | Substitution | Cancellation | No change – previously submitted

* Name

* Job Title

* Company

* Address

* City

* State/Province

* Zip/Postal Code

* Country

* Email

* Business Phone

Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below and agree to comply with PDA rules and regulations. By registering for this meeting, you agree to abide by the PDA Code of Conduct.

COMPLIMENTARY EXHIBIT ONLY PASS Access to Exhibit Area, and Networking Reception. **CO-PRESENTERS** are required to purchase a standard Full Conference Pass. The Full Conference Pass included with exhibit package does not qualify for co-presentation. ***REQUIRED FIELDS**

New Submission | Substitution | Cancellation | No change – previously submitted

* Name

* Job Title

* Company

* Address

* City

* State/Province

* Zip/Postal Code

* Country

* Email

* Business Phone

Substituting for

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below and agree to comply with PDA rules and regulations. By registering for this meeting, you agree to abide by the PDA Code of Conduct.

***I consent to:** My contact information (*name, company, job title, city, state, country*) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. **By registering for this meeting, you agree to abide by the PDA Code of Conduct.**

2024 PDA/FDA JOINT REGULATORY CONFERENCE
COMPLIMENTARY FULL CONFERENCE PASS REGISTRATION FORM – SUPPORTERS ONLY
EXHIBITION: 09-10 SEPTEMBER

Complimentary Full Conference Pass Information: Your Exhibit Package level determines your number of complimentary Full Conference Passes. To purchase additional Full Conference Passes, use the Additional Full Conference Pass Request Form. ***REQUIRED FIELDS**

SELECT ONE*	<input type="checkbox"/> DIAMOND SUPPORTER (includes 4 Full Conference Passes and 4 Exhibit Only Passes.)
	<input type="checkbox"/> PLATINUM SUPPORTER (includes 3 Full Conference Passes and 3 Exhibit Only Passes.)
	<input type="checkbox"/> GOLD SUPPORTER (includes 2 Full Conference Passes and 3 Exhibit Only Passes.)
	<input type="checkbox"/> SILVER SUPPORTER (includes 1 Full Conference Pass and 2 Exhibit Only Passes.)
	<input type="checkbox"/> BRONZE SUPPORTER (includes 1 Full Conference Pass and 1 Exhibit Only Pass.)

Complimentary Full Conference Passes

Access to all conference sessions and Exhibit Area. **CO-PRESENTERS** are required to purchase a Full Conference Pass. The Full Conference pass included with the booth package does not qualify for Co-presenter submissions. Use your original form to make any changes. Once completed, re-submit to your exhibitor portal. ***REQUIRED FIELDS**

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Full Conference Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Passes

Access to Exhibit Area only. **CO-PRESENTERS** are required to purchase a Full Conference Pass. The Full Conference pass included with the booth package does not qualify for Co-presenter submissions. Use your original form to make any changes. Once completed, re-submit to your exhibitor portal. ***REQUIRED FIELDS**

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Complimentary Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

*** I consent to:** My contact information (name, company, job title, city, state, country) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. **By registering for this meeting, you agree to abide by the PDA Code of Conduct.**

PDA **FDA** **2024 PDA/FDA JOINT REGULATORY CONFERENCE**
ADDITIONAL FULL CONFERENCE PASS REQUEST FORM
EXHIBITION: 09-10 SEPTEMBER

Additional Full Conference Pass Request: Submit the contact details for each registrant. There are 2 options to order additional Full Conference Passes. You can order individual Full Conference Passes with a 10% discount or you can purchase using the group rate. The group rate is based on the standard prevailing rate. Badges can be picked up onsite on **SUNDAY, 08 SEPTEMBER**. Use your original form to make any changes. Once completed, re-submit to your exhibitor portal. ***REQUIRED FIELDS**

Additional Full Conference Passes

<p>OPTION 1: Individual Additional Full Conference Pass Pricing Table: <i>(Pricing as listed for single passes. The 10% discount is applied)</i></p> <p>Early Bird Rate before 09 JULY 2024 <input type="checkbox"/> Member \$X,XXX <input type="checkbox"/> Non-Member \$X,XXX</p> <p>Standard Rate after 09 JULY 2024 <input type="checkbox"/> Member \$X,XXX <input type="checkbox"/> Non-Member \$X,XXX</p> <p>Individual pass requests will be billed under 1 invoice. No exceptions. One single payment type is required.</p>	<p>OPTION 2: Buy 3 and Get the 4th Free <i>(Price based on the prevailing standard rate. Cannot combine with other registration discounts including the 10% on additional individual passes.)</i></p> <p>Early Bird Rate before 09 JULY 2024 <input type="checkbox"/> Member \$X,XXX <input type="checkbox"/> Non-Member \$X,XXX</p> <p>Standard Rate after 09 JULY 2024 <input type="checkbox"/> Member \$X,XXX <input type="checkbox"/> Non-Member \$X,XXX</p> <p>One single payment type is required to qualify for the group rate. No exceptions. All names must be submitted at the same time.</p>
--	--

Single Pass Rate with 10% Discount Only Submit 1 form for all registration requests. To receive confirmations, payment is required. Invoices will be sent directly to each registrant on individual requests.

One single payment type is required to qualify for the group rate.

Group Rate Only Submit 1 form for your registration request. To receive confirmation(s), 1 single payment is required along with the information of 1 POC. Provide details in payment section.

Additional Full Conference Passes

Access to all conference sessions and Exhibit Area. **CO-PRESENTERS** are required to purchase a Full Conference Pass. The Full Conference pass included with the booth package does not qualify for Co-presenter submissions. ***REQUIRED FIELDS**

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Additional Full Conference Pass
 New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.
RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Group Registration POC Contact Details:

Provide the details below to receive the invoice/order confirmation. Registrations are processed within 3-5 business days.:

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Zip _____ * Country _____
 * Email _____

Payment Options

<p><input type="checkbox"/> By Credit Card For secure processing of credit card payments, please follow instructions to pay via https://www.pda.org/my-account</p> <p>1 Log into pda.org with your PDA USER ID and Password. If you need your login details connect with our registration team at registration@pda.org</p> <p>a. Locate the login button found at the top right corner of the page</p> <p>2 Select My Account located in drop-down menu beside person icon</p> <p>a. Click on link: Make a payment to an open order b. Look for invoice to pay and select Pay Now button</p> <p>3 Confirm your credit card's billing address</p> <p>a. To change billing address, select Change button located beside the billing address field b. To add a new address, select link: Click here to add new address then select Add Address button c. If the credit card billing address is changed select button Use address</p> <p>4 Enter payment information in the space provided</p> <p>5 Click Complete Order button to make payment Number</p>	<p><input type="checkbox"/> By ACH or Bank Transfer Truist Bank 214 North Tryon Street Charlotte, NC 28202 Account Name: Parenteral Drug Association Account Number: 209364254 ABA Routing Number: 061000104 SWIFT Bank Code: BRBTUS33</p> <p><input type="checkbox"/> Purchase Order Purchase Order Number</p> <p>_____</p>	<p><input type="checkbox"/> By Check All company checks and bank/draft payments are to be made payable in U.S. dollars (\$USD) to: Parenteral Drug Association or PDA and payable via a U.S. Bank</p> <p>PDA P.O. Box 79465 Baltimore, MD 21279-0465 USA</p> <p>1 Checks sent via USPS should be mailed to: PDA P.O. Box 79465 Baltimore, MD 21279-0465, USA</p> <p>2 Checks sent via courier or delivery service (e.g. FEDEX, UPS, DHL) should be mailed to: PDA c/o Truist Bank Lockbox 79465 1000 Stewart Avenue Glen Burnie, MD 21061 USA</p>
---	--	--

* I consent to: My contact information (name, company, job title, city, state, country) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. By registering for this meeting, you agree to abide by the PDA Code of Conduct.



2024 PDA/FDA JOINT REGULATORY CONFERENCE ADDITIONAL EXHIBIT ONLY PASS REQUEST FORM

EXHIBITION: 09-10 SEPTEMBER

Additional Exhibit Only Pass Request: Submit the contact details for each registrant. Additional exhibit only passes are offered at a flat rate of \$650. The Exhibit Only Pass allows for access to the Exhibit Area and to the reception. One single payment type is required. Use your original form to make any changes. Once completed, re-submit to your exhibitor portal. ***REQUIRED FIELDS**

Exhibit Only Pass – \$650 Access to the exhibit area only. No access to Plenary or Concurrent sessions. Confirmations are sent directly to the registration emails provided on this form. (10% discount cannot be applied to Exhibit Only Pass requests)

Additional Exhibit Only Passes

Access to Exhibit Area only. **CO-PRESENTERS** are required to purchase a Full Conference Pass. The Full Conference pass included with the booth package does not qualify for Co-presenter submissions. ***REQUIRED FIELDS**

1 Additional Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

2 Additional Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

3 Additional Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

4 Additional Exhibit Only Pass

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

Group Registration POC Contact Details:

Provide the details below to receive the invoice/order confirmation. Registrations are processed within 3-5 business days.:

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Zip _____ * Country _____
 * Email _____

Payment Options

By Credit Card

For secure processing of credit card payments, please follow instructions to pay via <https://www.pda.org/my-account>

- 1 Log into pda.org with your PDA USER ID and Password.
If you need your login details connect with our registration team at registration@pda.org
 - a. Locate the login button found at the top right corner of the page
- 2 Select My Account located in drop -down menu beside person icon
 - a. Click on link: Make a payment to an open order
 - b. Look for invoice to pay and select Pay Now button
- 3 Confirm your credit card's billing address
 - a. To change billing address, select Change button located beside the billing address field
 - b. To add a new address, select link: Click here to add new address then select Add Address button
 - c. If the credit card billing address is changed select button Use address
- 4 Enter payment information in the space provided
- 5 Click Complete Order button to make payment Number

By ACH or Bank Transfer

Truist Bank
 214 North Tryon Street
 Charlotte, NC 28202
Account Name: Parenteral Drug Association
Account Number: 209364254
ABA Routing Number: 061000104
SWIFT Bank Code: BRBTUS33

Purchase Order

Purchase Order Number

--	--	--	--	--	--	--	--	--	--

By Check

All company checks, or bank draft payments are to be made payable in U.S. dollars (\$USD) to:
 Parenteral Drug Association or PDA
 and payable via a U.S. Bank

PDA
 P.O. Box 79465
 Baltimore, MD 21279 -0465 USA

1 Checks sent via USPS should be mailed to:

PDA
 P.O. Box 79465
 Baltimore, MD 21279 -0465, USA

2 Checks sent via courier or delivery service (e.g. FEDEX, UPS, DHL) should be mailed to:

PDA c/o Truist Bank
 Lockbox 79465
 1000 Stewart Avenue
 Glen Burnie, MD 21061 USA

*** I consent to:** My contact information (name, company, job title, city, state, country) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/ Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. **By registering for this meeting, you agree to abide by the PDA Code of Conduct.**



2024 PDA/FDA JOINT REGULATORY CONFERENCE

HTML INSTRUCTIONS

EXHIBITION: 09-10 SEPTEMBER

❶ **Subject Line: 55 characters or less (including spaces).**

To avoid issues, refrain from using spam-like words or symbols (i.e., free, guarantee, act now, earn, \$, %), emojis, all caps, or excessive punctuation.

❷ **Sender Name:** “PDA on behalf of [Your Company Name]”

Dimensions: Max width of 600px | Max File Size: 35k

Images: .jpg. All images must be hosted on your server. (.gif format is allowed, but some email clients do not support animated GIFs and will only show the first frame)

Plain Text Version File: Plain text version of your HTML email with full URLs listed for all links. The text should mirror the HTML version and should not include coding.

Specifications:

- All files must be submitted in a zipped folder.
- Keep image file sizes small to minimize load times.
- Do not use JavaScript for essential elements. No JavaScript or script tags.
- Do not use shortened URLs (i.e., bit.ly, etc.). If needed for tracking your metrics, use UTM codes instead.
- Use absolute (<https://www.yourcompany.com/page>) URLs rather than relative (/page) links for images.
- Use image alt text for all your images. Recipients with images disabled will see the alt text.
- Avoid background images.
- Use an even ratio of text vs image to create an email that works even without images loaded. Some email clients block images by default.
- Do not use style sheets. CSS renders incorrectly in many email clients, especially if the recipient tries to forward your email. If your email absolutely requires CSS, use inline styles by embedding the style between the two body tags. Try to use HTML tags instead.
- Use outer tables in place of tags. Background colors may be defined using the bg color attribute within tags. Background colors and attributes will not render properly using tags.
- Avoid Microsoft Smart Quotes – they will show up as boxes. Use plain ASCII characters instead (double dashes instead of em-dashes, etc.).
- Rely on concise, compelling text with clear calls to action and prominent text links rather than excessive graphics.
- Do not overuse bold, italic, and underlining formatting.
- Create an email that works even without images loaded. Some email clients, like Gmail and Outlook 2007 and 2010, block images by default.
- Use image alt tags for all your graphics. Recipients with images disabled will see the alt text, so use alt text as you would any other promotional copy.

❸ **Send your HTML and plain text file by email to Alison Caballero at caballero@pda.org and marketingteam@pda.org.**

Reminder: All files must be submitted in a zipped folder.



2024 PDA/FDA JOINT REGULATORY CONFERENCE TRADE EXHIBITOR BADGE ORDER FORM AND ABSTRACT LISTING INFORMATION FORM

EXHIBITION: 09-10 SEPTEMBER

Exhibit Passes: As part of your trade agreement you will receive X number of exhibit passes. Kindly provide the names of those who will be attending below. The Exhibit Pass allows access to the Exhibit Area. No admission to sessions included with this type pass. Full Conference Pass requests must be approved prior to registration. ***REQUIRED FIELDS**

1 Exhibit Only Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

2 Exhibit Only Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

3 Exhibit Only Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

4 Exhibit Only Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

5 Full Conference Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

6 Full Conference Attendee

New Submission | Substitution | Cancellation | No change – previously submitted

* Name _____
 * Job Title _____
 * Company _____
 * Address _____
 * City _____ * State/Province _____ * Zip/Postal Code _____
 * Email _____ * Business Phone _____
 Substituting for _____

Your consent is important. We manage your personal data responsibly.

RESPONSE REQUIRED * – By checking the box, I consent to my personal data being shared as detailed in the blue box below.

*** I consent to:** My contact information (*name, company, job title, city, state, country*) being included in the attendee list distributed at the event. My contact information being shared with Exhibitors/Supporters. PDA recording me and using those recordings in future PDA promotional and marketing materials. PDA sending me promotional information via email. PDA sending me promotional information via post. **By registering for this meeting, you agree to abide by the PDA Code of Conduct.**

For more information, contact David Hall at +1 (240) 688-4405 or hall@pda.org or Alison Caballero at +1 (301) 656-5900 ext. 135 or caballero@pda.org.