

8th Annual Global Conference on Pharmaceutical Microbiology Session Recordings Registration Form



1. Please type or clearly print your name, business address and affiliation:

Prefix _____ First Name _____ Middle Initial _____ Last Name _____

Professional Title _____ Membership Number _____

Company (indicate full company name) _____

Business Address _____

City _____ State/Province _____ Zip + 4/Postal Code _____ Country _____

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Business Phone _____ Fax _____ E-mail _____

PDA session recordings are hosted on Screencast; for Screencast support and FAQs, please visit <http://techsmith.custhelp.com/app/answers/list> or call +1 800-517-3001. Please forward your confirmation of purchase to brown@pda.org to receive access to the recordings.

2. Registration Fees (U.S. Dollars)

**Post Event Price
After Oct 23, 2013**

Member	<input type="checkbox"/> \$275.00
Nonmember	<input type="checkbox"/> \$315.00

Total Fee: \$ _____

3. Please indicate your payment method (See delivery options below).

Purchase orders are not accepted for recordings.

A. Credit Card – please check the appropriate box: American Express MasterCard/Euro VISA

Account Number _____ Exp. Date _____ /

Name (exactly as on card) _____

Billing Address (Must correspond with the address of credit card used) _____

Signature _____ Date _____ / /

Federal Tax I.D. #52-1906152

B. Check payable in US dollars only: Check Enclosed

4. Return Completed Form:

Mail: PDA, P.O. Box 79465, Baltimore, MD 21279-0465 USA • **Fax Credit Card Payment Information:** +1 (301) 986-1093
Express/Overnight Deliveries: Bethesda Towers, 4350 East West Highway, Suite 150, Bethesda, MD 20814 USA
 For additional payment information, please contact registration@pda.org or 301-656-5900 ext. 115.

Session Recordings: There are no refunds for session recordings. Registrants can access recordings an unlimited number of times for 90 days from receipt of login information. Email the order confirmation to brown@pda.org to receive instructions for accessing the recordings.

PDA USE ONLY

Date: _____ Check: _____ Amount: _____ Acct: _____