

# 2013 PDA/FDA Process Validation Workshop 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

( ) -

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>. Access to the recordings will be provided via email within 30 days after the event.*

## 2. Registration Fees (U.S. Dollars)

### Session Recordings

Member/Non -Member	<input type="checkbox"/> \$280.00
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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 (This address must match the billing address of the credit card you are using)

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

**Register online:** [www.pda.org/webseminars](http://www.pda.org/webseminars). For additional payment information, please contact Patresa Day at [day@pda.org](mailto:day@pda.org).

**Session Recordings:** There are no refunds for session recordings. Registrants have 90 days from the receipt of login information to view recordings an unlimited number of times.

### PDA USE ONLY

Date: \_\_\_\_\_ Check: \_\_\_\_\_ Amount: \_\_\_\_\_ Acct: \_\_\_\_\_