

2014 PDA/FDA Joint Regulatory Conference and Drug Shortage 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

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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. For early registrants, access to the recordings will be provided via email within 30 days after the event.

2. Registration Fees (U.S. Dollars)

	Early Price Sept 7-11, 2014	Post Event Price After Sept 11, 2014
Member	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$425.00
Nonmember	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$475.00



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 registration@pda.org to receive instructions for accessing the recordings.**

PDA USE ONLY

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