

# 2015 PDA Drug Delivery Combination Products 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> or call +1 800-517-3001. Send your confirmation of purchase to [registration@pda.org](mailto:registration@pda.org) or [brown@pda.org](mailto:brown@pda.org) to receive instructions to access the recordings.*

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

**Session Recordings  
Price**

<b>Member</b>	<input type="checkbox"/> <b>\$260</b>
<b>Nonmember</b>	<input type="checkbox"/> <b>\$300</b>

**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](mailto: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](mailto:brown@pda.org) to receive instructions for accessing the recordings.

**PDA USE ONLY**

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