



# Quality Culture Assessment Tool and Training Option 2

PDA Training and Research Institute  
4350 East West Highway, Suite 110, Bethesda, MD 20814

**REGISTER NOW**

Online: [pda.org/2019SeptQCT](http://pda.org/2019SeptQCT)  
Fax: +1 (301) 986-1093 (USA)  
Questions? Call registration at  
+1 (301) 656-5900 ext. 115

## 1 Contact Information PDA Membership Number

Check here to become a member and receive the member price for this event. (add \$279 to your total)

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(Check only if you are substituting for a previously enrolled colleague; The fee difference in the prevailing rate is due at the time of substitution. Please note that if you are a non-member substituting for a member, you will be required to pay the difference in the non-member fee.)

## 2 Please check appropriate fee (US\$).

	Price on or before August 5, 2019		Price after August 5, 2019		Government/Health Authority/Academic
	Member	Non-member	Member	Non-member	Member/Non-member*
<b>PDA #538 Quality Culture Assessment Tool and Training Option 2</b> September 19-20, 2019 <b>Cancellation Date: August 20, 2019</b>	<input type="radio"/> \$ 2,429	<input type="radio"/> \$ 2,915	<input type="radio"/> \$ 2,699	<input type="radio"/> \$ 3,239	<input type="radio"/> \$ 1,619

\* For this member type or discounted rate, online registration is not available and must be faxed in.

## 3 Payment Options All cards are charged in US\$.

By Credit Card – Clearly indicate account number, expiration date, and billing address. Please bill my:  American Express  MasterCard  VISA  Credit Card Guarantee Only

Total amount \$ \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (exactly as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Wire Transfer Payments: If you require wire transfer, please contact [registration@pda.org](mailto:registration@pda.org). PDA Federal Tax I.D. #52-1906152

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

**RESPONSE REQUIRED – By checking the box(es) below, I consent to:**

- My contact information (name, company, job title, city, state, country) being printed on the attendee list distributed at the event.
- PDA recording and/or photographing me and using those recordings and/or photographs in future PDA promotional and marketing materials.
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**PDA USE ONLY** Date: \_\_\_\_\_ Check: \_\_\_\_\_ Amount: \_\_\_\_\_ Account: \_\_\_\_\_