

Registration Form

AAPS Workshop on Strategic Management of CMC Dossiers in the eCTD Format: What CMC Professionals Need to Know Now!

Co-sponsored with DIA

AAPS RS Section, Supported Programming

March 10-11, 2009

Sheraton Inner Harbor Hotel • Baltimore, MD

Registration Information (Please print or type)

APP091

1 2 3 4 5 6

First Name _____ Middle Initial _____

Last (Family) Name _____ Nickname for Badge _____

Job Title _____ Organization _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

Email Address _____ Highest Academic Degree _____

Emergency Contact Name _____ Phone _____

- The information above is new or has changed.
 I will require special services in accordance with The Americans with Disabilities Act.

Registration Fees (Choose One)

02-06-09 or Before After 02-06-09

- | | | |
|------------------------|----------------------------------|----------------------------------|
| AAPS Member | <input type="checkbox"/> \$1,140 | <input type="checkbox"/> \$1,330 |
| Non-member | <input type="checkbox"/> \$1,510 | <input type="checkbox"/> \$1,650 |
| Government, Member | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$525 |
| Government, Non-member | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$575 |
| Student Member | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$80 |

Additional Fees

Become an AAPS Member today and check the AAPS Member rate to save.

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| Continuing Education | <input type="checkbox"/> \$50 (CE) |
| AAPS Membership | <input type="checkbox"/> \$145 (RM) |
| AAPS Full-time Graduate/Undergrad Student Member* | <input type="checkbox"/> \$30 (ST) |

Total Fees \$ _____ \$ _____

*The signature of your Dean or Department Chair is required below to certify your full-time status to be eligible for this fee.

Signature _____ Date _____

Special Meal Option

- Please check if you are a vegetarian, or have special dietary restrictions.

Please list dietary restrictions: _____

Payment Method

AAPS does not accept government training forms or purchase orders.

Federal tax ID: 52-1444968

Check # (_____)

Payable to: AAPS/CMC

(U.S. dollars, drawn on a U.S. bank)

- Visa AMEX
 MasterCard Discover

It's easy to register!

Fax: +1 301-694-5124
Credit card payments only

Web

www.aapspharmaceutica.com/CMCApects

Mail

AAPS/CMC
PO Box 590
Frederick, MD 21705

Overnight/Express Deliveries

AAPS/CMC
1888 N. Market Street
Frederick, MD 21701

Questions?

Meeting registration:
+1 301-694-5243
Toll Free: +1 866-229-2386 in U.S. and Canada

General meeting:

+1 877-998-AAPS (2277)
email: Meetings@aaps.org

Business Information

Primary Business/Industry

(Check only one)

- A Academia
B Analytical Testing Lab
C Association
D Biotechnology
E Contract/Clinical Research
F Cosmetics
G Foods
H Government
I Manufacturing
J Materials Manufacturing
K Medical Devices/Diagnostics
L Publications
M Other _____

Purchasing Authority

(Check only one)

- A Authorize
B Purchase
C Recommend
D Specify
E None

Until you receive a confirmation letter, your registration is not complete. You should receive a confirmation by fax or e-mail 5-10 business days after your payment is received. If not, call +1 301-694-5243. Cancellations must be received in writing, via fax or e-mail by **February 20, 2009**. All refunds, less an administrative fee, will be issued after the meeting has occurred.

Register online or visit www.aapspharmaceutica.com/CMCApects for details

Card Number _____ Expiration Date (Required) _____

Cardholder Name _____

Amount Authorized to Charge _____

Authorized Signature (Required) _____