



2019 PDA/FDA Joint Regulatory Conference (September 16-18)

Renaissance Washington, DC Downtown Hotel | Washington, DC
Exhibition: September 16-17

REGISTER NOW

Online: pda.org/2019pdafda
Fax: +1 (301) 986-1093 (USA)

Questions? Call registration at
+1 (301) 656-5900 ext. 115

GOVERNMENT/HEALTH AUTHORITY REGISTRATION

1 Contact Information PDA Membership Number

Prefix	First Name	Last Name
Job Title	Government/Health Authority	
Business Address		
City	State/Province	Zip/Postal Code
Country	Email	
Business Phone	Fax	

Substituting for

(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 CONFERENCE Registration | September 16-18 Please check appropriate fee (US\$).

Government/Health Authority [†]	
Member	<input type="radio"/> \$ 700
Non-member*	<input type="radio"/> \$ 700

* For this discounted rate, online registration is not available and must be faxed in.
† The cost of food functions is \$350.

3 NETWORKING Registration | September 16 Please check appropriate fee (US\$).

Monday Evening Reception 7:00 p.m. – 10:00 p.m. All registered attendees are welcome to attend; for all others there is a \$60 fee.	<input type="radio"/> \$ 60 x # of guest tickets _____	Total \$
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Special Dietary Requirements (Please be specific):

4 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 \$	Campaign Code
Account Number	Exp. Date
Name (exactly as it appears on card)	Signature
Billing Address (Billing address must match credit card statement)	
City	State Zip /Postal Code
Country	Wire Transfer Payments: If you require wire transfer, please contact 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.
- PDA sending me promotional information via email.
- PDA sending me promotional information via post.

For more information on PDA's Privacy and Event Privacy Policies, please visit pda.org/privacy-policy and pda.org/event-privacy-notice.

CONFIRMATION: A letter of confirmation will be sent to you once payment is received. You must have this written confirmation to be considered enrolled in a PDA event. Please allow one week for receipt of confirmation letter. If you have submitted a purchase order or requested an invoice, please be advised that a credit card guarantee is needed. Please be advised that if your payment or written cancellation notice is not received by **August 16, 2019**, your credit card will be charged the prevailing rate. **SUBSTITUTIONS:** If you are unable to attend, substitutions can be made at any time, including onsite for a fee of \$200. If you are a non-member substituting for a member, you will be required to pay the difference in the non-member fee. If you are pre-registering as a substitute attendee, indicate this on the registration form. **REFUNDS:** Refund requests must be in writing and faxed to +1 (301) 986-1093. (Emails and phone messages are not accepted). If your written request is received on or by **August 16, 2019**, you will receive a full refund minus a \$200 processing fee. After that time, no refunds or credit requests will be approved. Onsite registrants are not guaranteed to receive Conference materials until all advanced registered attendees receive them. **CANCELLATION:** PDA reserves the right to modify the material or speakers/instructors without notice or to cancel an event. If an event must be cancelled, registrants will be notified by PDA in writing as soon as possible and will receive a full refund. PDA will not be responsible for airfare penalties or other costs incurred due to cancellation. For more details, contact PDA at info@pda.org or +1 (301) 656-5900. **RECORDING:** Tape recordings are prohibited at all PDA Conferences.

PDA USE ONLY Date: _____ Check: _____ Amount: _____ Account: _____



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INDUSTRY REGISTRATION

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.)

Prefix	First Name	Last Name
Job Title	Company	
Business Address		
City	State/Province	Zip/Postal Code
Country	Email	
Business Phone	Fax	

Substituting for

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2 Premiere Package | CONFERENCE & WORKSHOP Registration | September 16-19 Please check appropriate fee (US\$).

Save up to \$750	By July 30	After July 30
PDA Member	<input type="radio"/> \$ 3,740	<input type="radio"/> \$ 4,640
Non-member	<input type="radio"/> \$ 4,219	<input type="radio"/> \$ 5,119

Complimentary conference registration does not qualify for discount offered for Workshop.

3 CONFERENCE Registration | September 16-18 Please check appropriate fee (US\$).

	By July 30	After July 30
PDA Member	<input type="radio"/> \$ 2,395	<input type="radio"/> \$ 2,995
Non-member	<input type="radio"/> \$ 2,674	<input type="radio"/> \$ 3,274
Young Professional Member [†]	<input type="radio"/> \$ 1,198	<input type="radio"/> \$ 1,489
Academic		
Member	<input type="radio"/> \$ 700	<input type="radio"/> \$ 700
Non-member*	<input type="radio"/> \$ 800	<input type="radio"/> \$ 800
Student		
Member	<input type="radio"/> \$ 280	<input type="radio"/> \$ 280
Non-member*	<input type="radio"/> \$ 310	<input type="radio"/> \$ 310

* For this member type or discounted rate, online registration is not available and must be faxed in.
† You must be a member to take advantage of this rate.

6 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 \$	Campaign Code
Account Number	Exp. Date
Name (exactly as it appears on card)	Signature
Billing Address (Billing address must match credit card statement)	
City	State Zip /Postal Code
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