

**PACKAGE REGISTRATION -
THE FOURTH INTERNATIONAL PHARMA CONGRESS
AND IFPMA WORKSHOP**

REGISTRATION FORM

HOW TO REGISTER: Fully complete the following (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

ONLINE: Secure online registration at www.InternationalPharmaCongress.com.

FAX: +1 760-418-8084 (include credit card information with registration)

MAIL: Conference Office, 3291 West Wilson Road, Pahrump, NV 89048 USA

FOR REGISTRATION QUESTIONS:

PHONE: (800) 503-8171 (Continental US, Alaska and Hawaii only) or (206) 452-5528, Monday-Friday, 9 AM - 5 PM PST

E-MAIL: registration@hcconferences.com
(Registration is not available by phone or e-mail.)

**ONSITE CONFERENCE AND
WORKSHOP ATTENDANCE**

Onsite conference registration includes onsite attendance, professional networking, and live interaction with the faculty, plus a conference materials Data DVD and attendance of the IFPMA Workshop following the conference.

PRECONFERENCE REGISTRATION:

- Preconference I: International Compliance Program Basics € 395
- Preconference II: FCPA, Antibribery and Anticorruption in Asia and Middle East € 395
- Preconference III: EU Competition Law € 395

CONFERENCE & WORKSHOP REGISTRATION:

Standard Rate (Save €100):

- Through Friday, April 16, 2010* € 1695
- After Friday, April 16, 2010 € 1795

PCF Rate (Save €100):

- PCF Member Rate** € 1395

SELECT YOUR CONCURRENT SESSIONS:

- Tues. May 18 – 4:00 pm** 1.01 1.02 1.03 1.04
- Wed. May 19 – 9:30 am** 2.01 2.02 2.03 2.04
- Wed. May 19 – 10:45 am** 3.01 3.02 3.03 3.04

* This price reflects a discount for registration & payment received by April 16, 2010.
** To qualify for the PCF member rate an individual must be an employee of a member company of the Pharmaceutical Compliance Forum (PCF), www.PharmaComplianceForum.com.

COMPLETE THE FOLLOWING. PLEASE PRINT:

NAME _____

SIGNATURE OF REGISTRANT - REQUIRED _____

JOB TITLE _____

ORGANIZATION _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP/COUNTRY _____

TELEPHONE _____

FAX - Please include fax number if you wish to receive a confirmation letter. _____

E-MAIL _____

Special Needs (Dietary or Physical) _____

PAYMENT

DISCOUNT CODE

**TOTAL FOR ALL OPTIONS,
ONSITE OR ONLINE:**

Please enclose payment with your registration and return it to the Registrar at The International Pharma Congress, 3291 West Wilson Road, Pahrump, NV 89048, USA or fax your credit card payment to +1 760-418-8084. You may also register online at www.InternationalPharmaCongress.com.

- Check/money order enclosed (payable to Health Care Conference Administrators LLC)
- Payment by credit card: American Express Visa Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Congress, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

TOTAL € _____

ACCOUNT # _____

EXPIRATION DATE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____