

# The Fourth Annual International Pharmaceutical Congress

## REGISTRATION FORM - ONLINE ATTENDANCE

### HOW TO REGISTER

Fully complete the following (one form per registrant, photocopies acceptable). You may either email/fax/mail this form in with payment via credit card, or submit it without payment information as a request for a Pro Forma Invoice by selecting that option under Payment Options.

**ONLINE:** Secure online registration at [www.InternationalPharmaCongress.com](http://www.InternationalPharmaCongress.com).

**E-MAIL:** [registration@hcconferences.com](mailto:registration@hcconferences.com)

**FAX:** +1 760 418 8084 (include credit card info with registration)

**MAIL:** Conference Office, 3291 West Wilson Rd, Pahrump, NV, USA 89048.

### FOR REGISTRATION QUESTIONS:

**PHONE:** 800-684-4549 Mon-Fri, 9 AM - 5 PM Pacific (U.S. Only)

**PHONE:** +1 775 537 2311 (Registration not available by phone.)

**E-MAIL:** [registration@hcconferences.com](mailto:registration@hcconferences.com)

### COMPLETE THE FOLLOWING — PLEASE PRINT:

DELEGATE INFORMATION:

NAME

SUFFIX (e.g. MGD, PhD)

SIGNATURE OF DELEGATE - REQUIRED

TITLE

ORGANIZATION

DEPARTMENT

ADDRESS

CITY STATE/PROVINCE

POSTAL CODE COUNTRY

TELEPHONE FAX

REGISTRANTS WITH A VAT NUMBER FROM AN EU COUNTRY MUST PROVIDE VAT NUMBER: \_\_\_\_\_ (REQUIRED)

E-MAIL

### CONFERENCE (includes Preconference):

- Payment received by 3/19/10: €795 \_\_\_\_\_  
 Payment received by 4/16/10: €895 \_\_\_\_\_  
 Payment received after 4/16/10: €995 \_\_\_\_\_

Optional Registration Code: \_\_\_\_\_

### SPECIAL PCF MEMBER RATE (Conference Only):

- PCF Member rate\*\*\* €595 \_\_\_\_\_

### CONFERENCE (Group Registration):

- 5 or more €495 \_\_\_\_\_  
-- 10 or more €395 \_\_\_\_\_  
-- 20 or more €295 \_\_\_\_\_  
-- 40 or more €195 \_\_\_\_\_

VAT (19%): \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

### VAT

All registrations are subject to German VAT (19.0%). Registrants with a VAT number from an EU country must provide VAT number.

### PAYMENTS

All payments must be made in Euros. Payments are only accepted through credit card or bank transfer. A person will not be deemed to be formally registered until payment in full has been received. To receive the early bird discount, payment must be received by the early bird date. All payments must be made within 10 days of registration in order to reserve your seat at the conference. Delegates with outstanding payment balances will be asked for payment on site, proof of payment or a guarantee by credit card and seating will be subject to availability.

### PRO FORMA INVOICE

Complete either the online form and generate a Pro Forma Invoice, or fill out the downloadable form to email, fax, or mail in your request for a Pro Forma Invoice. For questions about the registration process, contact the Registration Office at +1 775 537 2311 or send an email to [registration@hcconferences.com](mailto:registration@hcconferences.com).

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations. You may send a substitute. Please call the Conference Office at +1 775 537 2311 or send an email to [registration@hcconferences.com](mailto:registration@hcconferences.com).

### TERMS AND CONDITIONS

Program subject to change. Registration form submitted via fax, mail, email or online constitutes a binding agreement between the parties.

### PAYMENT OPTIONS

If you are requesting a Pro Forma Invoice, check the following:

- Request Pro Forma Invoice

If paying via credit card, please complete the information below and send this form in by email, fax or mail.

- Payment by credit card:  
 American Express  Visa  Mastercard

TOTAL \$

ACCOUNT #

EXPIRATION DATE

NAME OF CARDHOLDER

SIGNATURE OF CARDHOLDER

### WHERE TO SEND

Return this completed form to the Registrar at the Int'l Pharmaceutical Congress, 3291 West Wilson Road, Pahrump, NV 89048, by email at [registration@hcconferences.com](mailto:registration@hcconferences.com), or fax to +1 760 418 8084. You may also register online at the Congress website: [www.InternationalPharmaCongress.com](http://www.InternationalPharmaCongress.com).

\* This price reflects a discount for registration & payment received by March 19, 2010.

\*\* This price reflects a discount for registration & payment received by April 16, 2010.

\*\*\* To qualify for the PCF member rate an individual must be a employee of a member company of the Pharmaceutical Compliance Forum (PCF), [www.PharmaComplianceForum.com](http://www.PharmaComplianceForum.com).