

# The 8th Annual Asia Pac Pharmaceutical Congress - Onsite

## REGISTRATION FORM - ONSITE 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 reg at [www.AsianPharmaCongress.com](http://www.AsianPharmaCongress.com).

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

**FAX:** +1 206 319-5303 (include credit card info with registration)

**MAIL:** Conference Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187.

### FOR REGISTRATION QUESTIONS:

**PHONE:** 800-503-6498 Mon-Fri, 9 AM - 5 PM Pacific (U.S. Only)

**PHONE:** +1 206-452-5528 (Registration not available by phone.)

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

### STANDARD RATES

Preconference \$595 \_\_\_\_\_

### CONFERENCE ONLY (does not include precon):

Payment received by 7/13/18: \$1,995 \_\_\_\_\_

Payment received by 8/10/18: \$2,295 \_\_\_\_\_

Payment received after 8/10/18: \$2,595 \_\_\_\_\_

### GROUP DISCOUNT RATE (does not include precon):

3 or more: \$1,695 \_\_\_\_\_

5 or more: \$1,495 \_\_\_\_\_

10 or more: \$1,295 \_\_\_\_\_

### SPECIAL PCF, APHICT, and ETHICS RATE

(Conference Only)\*\*\*:

Payment received by 7/13/18: \$1,795 \_\_\_\_\_

Payment received by 8/10/18: \$2,095 \_\_\_\_\_

Payment received after 8/10/18: \$2,395 \_\_\_\_\_

### CONFERENCE ELECTRONIC MEDIA

Flash Drive (\$129 + \$20 shipping): \$159 \_\_\_\_\_

Web (6 month access): \$129 \_\_\_\_\_

### TOTAL AMOUNT DUE:

### 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

### 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

\_\_\_\_\_  
E-MAIL

SPECIAL NEEDS (DIETARY OR PHYSICAL)? \_\_\_\_\_

### PAYMENTS

All payments must be made in US Dollars. 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 +1 206-452-5528 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 +1 206-452-5528 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.

### WHERE TO SEND

Return this completed form to the Registrar at the Int'l Pharmaceutical Congress, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187, by email at [registration@hcconferences.com](mailto:registration@hcconferences.com), or fax to +1 206-319-5303. You may also register online at the Congress website: [www.AsianPharmaCongress.com](http://www.AsianPharmaCongress.com).

\* This price reflects a discount for registration & payment received by 7/13/18.

\*\* This price reflects a discount for registration & payment received by 8/10/18.

\*\*\* To qualify for the PCF member, APHICT or ETHICS rate an individual must be a employee of a member company of the Pharmaceutical Compliance Forum (PCF), [www.PharmaComplianceForum.com](http://www.PharmaComplianceForum.com), the Asia Pacific Healthcare Industry Compliance Team, or the International Society of Ethics & Compliance Professionals.