

# RAPS Florida Chapter: Regulatory Skills Breakfast with Bonus IVDR Session

Friday, 17 May 2019 • 8:00-11:00 AM EDT

Beckman Coulter • 11800 SW 147th Avenue, Building 2

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Mr  Ms  Dr First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Advanced Degree:  JD  PhD  PharmD  MD  DDS  DMD  SCD  DVM  RAC

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (with area/country code) \_\_\_\_\_

Business Email Address (required for confirmation) \_\_\_\_\_

Please list special dietary/accessibility requirements \_\_\_\_\_

Please provide the name and number of an individual to contact in case of an emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## REGISTRATION FEES (All fees in US dollars)

<b>RAPS Member</b>	<input type="checkbox"/> \$25
<b>Nonmember</b>	<input type="checkbox"/> \$35

## METHOD OF PAYMENT

- International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to the following (a \$30 administration fee will apply): RAPS account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

**Check #** \_\_\_\_\_

**Credit Card**       American Express       MasterCard       Visa

Account # \_\_\_\_\_ Billing Postal Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Card Security Code (CVV): \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

**Questions?** Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see [RAPS.org](http://RAPS.org) for complete registration policies and procedures.

### HOW TO REGISTER

**EMAIL:** Send completed form to [support@raps.org](mailto:support@raps.org)

**MAIL:** RAPS c/o Account Payable  
5635 Fisher Lane, Suite 5550  
Rockville, MD 20851

**FAX:** +1 301 841 7956 (credit card or wire)