Regulatory Affairs Certificate

Mr  Ms  Dr  First Name ____________________________________ MI _______ Last Name ______________________________________

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

Title _____________________________________________________________________________________________________________________

Company _________________________________________________________________________________________________________________

Address □ Business □ Home _____________________________ Suite/Apt _________________

City/ State/Province ________________________________________________________________________________________________________

Mail Stop _____________________________ Postal Code ______________Country ____________________________________________________

Phone (with area/country code) ______________________________________________________________________________________________

Email Address ____________________________________________________________________________________________________________

Billing Address (if different from above) □ Business □ Home _____________________________ Suite/Apt _________________

City/ State/Province ________________________________________________________________________________________________________

Mail Stop _____________________________ Postal Code ______________Country ____________________________________________________

REGISTRATION FEES (All fees in US dollars)

<table>
<thead>
<tr>
<th>Program</th>
<th>Member* –</th>
<th>List –</th>
<th>Enterprise –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Devices Program</td>
<td>$2295</td>
<td>$2865</td>
<td>$2066</td>
</tr>
<tr>
<td>Pharmaceuticals Program</td>
<td>$2295</td>
<td>$2865</td>
<td>$2066</td>
</tr>
<tr>
<td>Dual Program</td>
<td>$3520</td>
<td>$4400</td>
<td>$3168</td>
</tr>
<tr>
<td>Upgrade to Dual (Medical Devices)</td>
<td>$1225</td>
<td>$1680</td>
<td>$1102</td>
</tr>
<tr>
<td>Upgrade to Dual (Pharmaceuticals)</td>
<td>$1225</td>
<td>$1680</td>
<td>$1102</td>
</tr>
</tbody>
</table>

*Enterprise and Emerging Market Member discounts for qualified individuals will be applied during order processing.

METHOD OF PAYMENT

- **International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997—ABA #061000104—Swift Code SNTRUS3A to: 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 #__________________________ Exp. Date________________________ Billing Postal Code ______________

  Name as it appears on the card________________________ Signature ______________________

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see RAPS.org for complete registration policies and procedures.

HOW TO REGISTER:  ONLINE: RAPS.org/onlineu (credit card only)
                    FAX: +1 301 841 7956 (credit card or wire)
                    MAIL: RAPS c/o SunTrust Lockbox Dept
                           PO Box 79546, Baltimore, MD 21279-0546