

RAPS DC/Baltimore Chapter: Seventh Annual Mid-Atlantic Regulatory Career Day

Saturday, 2 June 2018 • 9:30 am – 4:00 pm EDT

Johns Hopkins University Montgomery County Campus • 9605 Medical Center Drive
Room #121 • Rockville, MD 20850 • +1 301 294 7000



1821163

☐ 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)

	Prior to 25 May	On or after 25 May
Student	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
RAPS Member	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
List	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55

METHOD OF PAYMENT

- o **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; SunTrust Bank, Richmond, VA. Must reference name of registrant.
All bank charges are the responsibility of the payer.
- o **Check #** _____
- o **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** for complete registration policies and procedures.

HOW TO REGISTER

EMAIL: Send completed form to support@raps.org

MAIL: RAPS c/o Account Payable
5635 Fisher Lane, Suite 550
Rockville, MD 20851

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