REGISTRATION FORM

ISPE North Bethesda Training
17-19 Oct 2019
Sterile Product Manufacturing Facilities (T12)

PLEASE TYPE OR PRINT CLEARLY.

☐ Member ISPE ID# _____

☐ First-Time Attendee ☐ New Member

_____
FIRST NAME MI LAST NAME

_____
INFORMAL BADGE NAME EMAIL ADDRESS

_____
JOB TITLE

_____
COMPANY

_____
BUSINESS ADDRESS

_____
CITY STATE/PROVINCE

_____
ZIP+4/POSTAL CODE COUNTRY

_____
BUSINESS TEL

_____
EMERGENCY PHONE (For Last Minute Meeting Updates):

☐ Cell Phone ☐ Home Phone

☐ I wish to keep my data confidential and it is given only for use by ISPE and its Chapters and Affiliates. (This excludes you from the conference attendee listing, Member Directory and Exhibitor List.)

HOTEL:

Hotel accommodations and hotel fees are separate from Training registration fees

TRAINING CANCELLATIONS:

Cancellations must be made in writing. If cancellations are received 60 days prior to event start date, a full refund, minus a $200 handling fee, will be issued. After that time, no refunds will be granted. Please be advised that if your payment or written cancellation notice is not received 60 days prior to the cancellation date, your credit card will be charged the prevailing rate. Refund requests must be in writing and emailed or faxed to +1 (813)-264-2816. (Telephone messages are not accepted). ISPE reserves the right to modify the material or presenters for this event without notice, or cancel an event. If an event must be canceled, registrants will be notified by ISPE. ISPE will not be responsible for airfare penalties or other costs incurred due to cancellation.

LIABILITY:

ISPE reserves the right to cancel or reschedule any event at any time. ISPE is not responsible for any airfare/hotel penalties or other travel charges incurred, as a result of schedule change/cancellation. In the case of government intervention or regulation, military activity, strikes or other circumstances that prevent the possibility of holding a course, the participant shall waive any claim for damages or compensation except the amount paid for registration minus expenses. There shall be no future liability on the part of either party.

PAYMENT METHOD:

Registrations require payment attached

Check# _____ enclosed payable to ISPE in the amount of $ _____ *(Must be drawn on a US bank)*

Bill credit card: ☐ VISA ☐ MasterCard ☐ American Express

_____
CARD NUMBER EXP. DATE CCV

_____
NAME OF CARDHOLDER (AS IT APPEARS ON CARD)

_____
CARDHOLDER SIGNATURE

4 WAYS TO REGISTER:

ONLINE: **www.ISPE.org**
PHONE: +1-813-960-2105
FAX: +1-813-264-2816
MAIL: ISPE, 600 N WESTSHORE BLVD., SUITE 900
TAMPA, FL 33609-1114, USA

EARLY: BY 17 September 2019:

☐ Member	$2,035.00
☐ Nonmember	$2,430.00
☐ Government / Academia	$650.00
☐ Student Member	$90.00

LATE: AFTER 17 September 2019:

☐ Member	$2,135.00
☐ Nonmember	$2,530.00
☐ Government / Academia	$650.00
☐ Student Member	$98.00

TOTAL **$**

To activate your membership please download a membership application at www.ISPE.org/membership. Join and return it to ISPE with this registration form.

Group Discount Rate Off of Regular Registration Fee:
3 - 5 participants: Save 10%
6 - 10 participants: Save 15%
11 or more participants: Save 20%

Special Lunch Requirement
☐ Vegetarian ☐ Kosher ☐ Gluten Free
☐ Allergy – please specify _____

Registration is confirmed only when payment is received. Please send registration form with payment to:

ISPE Operations Center
600 N Westshore Blvd, Suite 900
Tampa, FL 33609-1114 USA
FEIN #59-2009272 • www.ISPE.org

ISPE Training Center and Headquarters
6110 Executive Blvd., Suite 600
North Bethesda, MD 20852
FEIN #59-2009272 • **www.ISPE.org**

TO WIRE PAYMENTS (for transactions over $1,000/€1,000 only)
US Dollars To:
Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94104, USA
ISPE Acct # 2000027075566
ABA# 121000248
SWIFT ID #WFBIUS6S

Note: Member/Purchaser is responsible for any bank transfer fees.