



ISPE North Bethesda Training
1-3 May 2019
HVAC for Pharma Facilities (T14)

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.

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.

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.

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 22 March 2019:

- Member \$2385.00
Nonmember \$2780.00
Government / Academia \$650.00
Student Member \$90.00

LATE: AFTER 22 March 2019:

- Member \$2485.00
Nonmember \$2880.00
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.