

THE VIRTUAL FIFTEENTH INTERNATIONAL PHARMA CONGRESS

REGISTRATION FORM

HOW TO REGISTER: Fully complete the following (one form per registrant, photocopies acceptable). Credit card information or request for Pro Forma Invoice must accompany each registration.

ONLINE: Secure online registration at www.InternationalPharmaCongress.com.

FAX: +1 206-319-5303 (include credit card information with registration)

MAIL: Health Care Conference Administrators, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005, USA

FOR REGISTRATION QUESTIONS:

PHONE: 800-503-8171 (Continental US, Alaska and Hawaii only) or +1 206-452-5528 (United States) or +44 (0)208 407 6167 (Outside US)

E-MAIL: registration@hcconferences.com (Registration not available by phone)

COMPLETE THE FOLLOWING. PLEASE PRINT CLEARLY:

NAME	_____
SIGNATURE OF REGISTRANT - REQUIRED	_____
JOB TITLE	_____
ORGANIZATION	_____
ADDRESS	_____
CITY/STATE/ZIP/COUNTRY	_____
TELEPHONE	_____
E-MAIL	_____

WEBINAR ATTENDANCE

Online conference registration includes portal access, professional networking, and live interaction with the faculty.

INDIVIDUAL CONFERENCE REGISTRATION:

Standard Rate:

- | | |
|---|---------|
| <input type="checkbox"/> Through Friday, March 25, 2022* | € 1,095 |
| <input type="checkbox"/> Through Friday, April 22, 2022** | € 1,195 |
| <input type="checkbox"/> After Friday, April 22, 2022 | € 1,295 |

ETHICS/ADVAMED/APACMED/EFPIA/IFPMA/MECOMED/MEDTECH

EUROPE/PHRMA/PHRMAG/PCF Member Rate***:

- | | |
|---|-------|
| <input type="checkbox"/> Through Friday, March 25, 2022* | € 795 |
| <input type="checkbox"/> Through Friday, April 22, 2022** | € 895 |
| <input type="checkbox"/> After Friday, April 22, 2022 | € 995 |

GROUP REGISTRATION

Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation. Rates are per person. Complete a separate form for each individual of the group.

Standard Group Rate:

- | | |
|------------------------------------|-------|
| <input type="checkbox"/> 3 or more | € 995 |
| <input type="checkbox"/> 6 or more | € 895 |
| <input type="checkbox"/> 9 or more | € 795 |

ETHICS/ADVAMED/APACMED/EFPIA/IFPMA/MECOMED/MEDTECH

EUROPE/PHRMA/PHRMAG/PCF Member Group Rate:

- | | |
|-------------------------------------|-------|
| <input type="checkbox"/> 3 or more | € 695 |
| <input type="checkbox"/> 6 or more | € 595 |
| <input type="checkbox"/> 9 or more | € 495 |
| <input type="checkbox"/> 12 or more | € 395 |

SPECIAL SUBSCRIPTION OFFER

You can purchase an annual subscription to Policy and Medicine Compliance Update, <https://complianceupdate.policymed.com/>, for only €1020 (a 15% discount off of the regular subscription rate).

Annual subscription to:

- | | |
|--|-------|
| <input type="checkbox"/> Policy and Medicine Compliance Update | € 920 |
|--|-------|

REGISTRATION BINDING AGREEMENT

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute. There will be no refunds for "no-shows" or cancellations. See www.InternationalPharmaCongress.com for more info.

PAYMENT

DISCOUNT CODE

TOTAL FOR ALL OPTIONS:

Please enclose payment with your registration and return it to the Registrar at Health Care Conference Administrators, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005, USA or fax your credit card payment to +1 206-319-5303.

You may also register online at www.InternationalPharmaCongress.com.

We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.

METHOD OF PAYMENT FOR TUITION

Payment method: Credit Card Bank Transfer

To make payment by credit card, complete the information below.

To make payment by bank transfer, use the following information:

International Wires into U.S. account:

Account name - Healthcare Conference Administrators LLC

Account number - 000037554409

Bank name - Bank of America

Routing Number - 026 009 593

SWIFT (if required)- BOFAUS3N

ACH:

Beneficiary Bank Name: Bank of America

Beneficiary Bank Address: 100 W. 33rd St., New York, NY 10001

Beneficiary Name: Health Care Conference Adm LLC

Beneficiary Account No.: 000037554409

ABA Routing No.: 125000024

CANCELLATIONS/SUBSTITUTIONS

For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-503-7382 for further information.

TERMS AND CONDITIONS

The Congress program is subject to change. An executed registration form constitutes binding agreement between the parties. See the full Terms & Conditions at: <https://www.internationalpharmacongress.com/registration/>.

* This price reflects a discount for registration & payment received by March 25, 2022.

** This price reflects a discount for registration & payment received by April 22, 2022.

*** To qualify for the ETHICS/ADVAMED/APACMED/EFPIA/IFPMA/MECOMED/MEDTECH EUROPE/PHRMA/PHRMAG/PCF member rate an individual must be an individual member or an employee of a member company of the International Society of Healthcare Ethics and Compliance Professionals (ETHICS), the Advanced Medical Technology Association (AdvMed), the Asia Pacific Medical Technology Association (APACMed), the European Federation of Pharmaceutical Industries and Associations (EFPIA), the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), MedTech Europe, the Middle East and Africa Medical Devices and Diagnostics Trade Association (Mecomed), Pharmaceutical Research and Manufacturers of America (PhRMA), Pharmaceutical Research and Manufacturers Association Gulf (PHRMAG) and the Pharmaceutical Compliance Forum (PCF).

Payment by credit card: American Express Visa Mastercard

If a credit card number is being given to hold registration until funds have been transferred, it must be so noted. If payment is not received by seven days prior to the Congress, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to HCCA Conferences.

TOTAL €

ACCOUNT #

EXPIRATION DATE

SECURITY CODE

NAME OF CARDHOLDER

SIGNATURE OF CARDHOLDER