

# REGISTRATION FORM

## THE PHARMA, BIOTECH AND DEVICE COLLOQUIUM

### 1: PLEASE COMPLETE THE FOLLOWING

NAME OF REGISTRANT \_\_\_\_\_

TITLE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

FIRST NAME AS IT WILL APPEAR ON YOUR BADGE \_\_\_\_\_

Work Address or  Home Address (List only preferred mailing address)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

FAX NUMBER REQUIRED FOR CONFIRMATION LETTER: \_\_\_\_\_

FAX ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPECIAL NEEDS (DIETARY OR PHYSICAL) \_\_\_\_\_

### 2: REGISTRATION FEES

**PRECONFERENCE ONLY** **\$ 495**

Current Issues in Pharmaceutical & Medical Device Compliance Management

**CONFERENCE REGISTRATION (DOES NOT INCLUDE PRECONFERENCE)**

3-day Conference (thru 5/6/05): **\$1,950 - Early Registration**

3-day Conference (After 5/6/05): **\$2,150 - Regular Registration**

### HEALTH IT CERTIFICATION REGISTRATION

Individuals interested in registering for the special session of Certified Professional in Electronic Health Records (CPEHR) and Certified Professional in Health Information Technology (CPHIT) to be held in conjunction with the Pharma, Biotech and Device Colloquium on the campus of Princeton University should go to [www.HealthITCertification.com](http://www.HealthITCertification.com), call 800-694-4549 or email [registration@HealthITCertification.com](mailto:registration@HealthITCertification.com) for registration information.

### 3: ACCOMMODATIONS

Attendees have 2 housing options at this Colloquium:

- The historic Nassau Inn (call the Inn directly to reserve a room)
- Princeton University's college dormitories (reserve a room on the registration form below)

#### NASSAU INN RESERVATIONS:

There are a limited number of rooms available at the special rate. Please make your reservations DIRECTLY WITH THE NASSAU INN and mention group number 3870 to receive the special rate (\$139 per single/double per night plus tax, or \$239 per suite per night plus tax). Reservations will be accepted until Wednesday, May 4, 2005. After that cut-off date, reservations will be accepted on a space-available basis at the prevailing rate.

**Nassau Inn • 10 Palmer Square • Princeton, NJ 08542, US**  
Reservations: 609-921-7500 or 800-862-7728 • [www.nassauinn.com](http://www.nassauinn.com)

#### PRINCETON UNIVERSITY RESERVATIONS:

If you are interested in staying on the Princeton University campus, you will stay in a typical college dorm room with a private bathroom. The cost is \$39.50 per night for single occupancy, and \$69 per night for double occupancy. To reserve a Princeton University room, YOU MUST REGISTER ON THIS FORM AND PREPAY (see check boxes below). Additional information will be mailed to you.

#### PRINCETON CAMPUS HOUSING REGISTRATION:

Yes, I would like to stay on Princeton's campus:

Single room: \$39.50       Double room: \$69

I will need this room:     Sat. night     Sun. night     Mon. night     Tues. night

Total \_\_\_\_\_ nights x room rate \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

I would like internet access in my room @\$30/room (for entire stay)

TOTAL \$ \_\_\_\_\_

**NOTE: IF YOU ARE STAYING AT THE NASSAU INN, YOU MUST CALL THEM DIRECTLY TO RESERVE A ROOM. SEE ABOVE.**

## Register today!



Please return your application and full payment by fax to:  
760-418-8084



Register online at: [www.PharmaColloquium.com](http://www.PharmaColloquium.com)



Or mail this form with correct tuition fee (U.S. funds) to:  
Conference Office, 7790 Barberrry Avenue, Yucca Valley, CA 92284

### 4: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-418-8084.

- Check/money order enclosed (checks payable to Health Care Conference Administrators, LLC)
- Credit card:     American Express     Visa     MasterCard

TOTAL \$ \_\_\_\_\_

(Total should include University housing if applicable.  
Accommodations at Nassau Inn are to be paid separately.)

ACCOUNT No. \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_ EXP. DATE / \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_

### 5: OTHER INFORMATION

**We cannot guarantee your attendance unless payment is received with your registration.**  
For more information: Call 1-800-684-4549 or send e-mail to [registration@hccconferences.com](mailto:registration@hccconferences.com).  
Visit our website at [www.PharmaColloquium.com](http://www.PharmaColloquium.com).

**Terms and Conditions:** Program subject to change. Executed registration form, online registration and email or fax confirmation constitute binding agreement between the parties.

**Tax Deductibility:** Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021

**Cancellations/Substitutions:** No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

**How did you learn about this conference?**

- Brochure     Magazine Ad     Friend/Colleague     E-mail Notice