



**ICH Q-IWG: Integrated Implementation
Training Workshops for ICH Q8, Q9, and Q10
Registration Form • 6-8 October 2010, Washington, DC, USA**

Please type or print clearly.

First Name _____ MI _____ Last Name _____

Informal Badge Name _____

Job Title _____ Email Address _____

Company _____

Business Address _____

City, State/Province _____ Zip+4/Postcode _____ Country _____

Business Tel _____ Business Fax _____

Emergency phone for last minute meeting updates: Cell Phone _____

or Home Phone _____

I do not wish my information to be printed in the Workshop Attendee Listings.

HOTEL: Hotel accommodations and hotel fees are separate from Conference registration fees. For room reservations at the Conference venue, Bethesda North Marriott Hotel & Conference Center, call tel: +1-301-822-9200. When making your reservation by phone, mention "ICH Conference" for a discounted rate of \$199 single/double (plus tax). This rate is good until 13 September 2010, or until the room block is full, whichever comes first. Please contact the hotel as early as possible to make your reservations to ensure you are in the headquarters hotel.

CONFERENCE REGISTRATION (All prices in USD)	By 25 August 2010	After 25 August 2010
Participant	<input type="checkbox"/> \$1,395	<input type="checkbox"/> \$1,595
Government/Health Authority/Academic	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Regulatory	<input type="checkbox"/> Inspector/Compliance	<input type="checkbox"/> Assessor/Reviewer <input type="checkbox"/> Biotech <input type="checkbox"/> Chemical
Industry	<input type="checkbox"/> Development <input type="checkbox"/> Regulatory Affairs <input type="checkbox"/> Manufacturing <input type="checkbox"/> Quality Unit	

SPECIAL LUNCH REQUIREMENTS — Vegetarian Kosher Gluten Free

PAYMENT METHOD — REGISTRATIONS REQUIRE PAYMENT ATTACHED

Substituting for _____

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

Bill credit card — circle type: VISA MC AMEX

Card number _____ Exp. date _____

Name of cardholder _____ (As it appears on card)

Cardholder signature _____

Register Online at:
www.ISPE.org/2010ICHWorkshops
Please send registration form with payment to:
ISPE Headquarters
3109 W. Dr. Martin Luther King Jr. Blvd., Ste. 250
Tampa, Florida 33607 USA
Tel: +1-813-960-2105 Fax: +1-813-264-2816
FEIN #59-2009272 www.ISPE.org

For registration inquiries, please contact ask@ISPE.org

Event is Co-Sponsored By:



Registration is confirmed only when payment is received.

Conference Cancellations - Cancellations must be made in writing. If cancellations are received by 8 September 2010, a full refund, minus a 10% handling fee (maximum of \$100), will be issued. After that time, no refunds will be granted.

If you are unable to attend, substitutions will be accepted. ICH, ISPE, or PDA are not responsible for lost airfare due to cancellations.