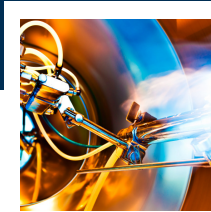


Process Validation Conference

9 – 10 October 2013

Hyatt Regency
New Brunswick, New Jersey USA



Registration Form

ONLINE: www.ISPE.org/2013ProcessValidationConference
FAX: +1-813-264-2816
MAIL: ISPE, 600 N. Westshore Blvd., Suite 900, Tampa, FL, 33609, USA

Please type or print clearly.

ISPE ID # _____ Check here if you were previously an ISPE Member.

First Name _____ MI _____ Last Name _____

Informal Badge Name _____ Chapter/Affiliate _____

Job Title _____ Email Address _____

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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 wish to keep my data confidential and it is given only for use by ISPE and its local Chapters and Affiliates.
(This will exclude you from the Conference Attendee Listing, Member Directory and Exhibitor List.) First Time Attendee New Member

HOTEL: Hotel accommodations and hotel fees are separate from Conference registration fees. For room reservations at the Conference venue, Hyatt Regency New Brunswick, New Brunswick, New Jersey, USA call tel: +1-732-873-1234. When making your reservation by phone, mention ISPE for a discounted rate of \$155 single/double. This rate is good until 15 September 2013, 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.

EARLY BIRD ON OR BEFORE 9 SEPTEMBER		REGULAR / ONSITE (AFTER 9 SEPTEMBER)		TOTAL
<input type="checkbox"/> Member	\$ 1,545	<input type="checkbox"/> Member	\$ 1,745	\$
<input type="checkbox"/> Nonmember	\$ 1,905	<input type="checkbox"/> Nonmember	\$ 2,115	
<input type="checkbox"/> New Member*	\$ 1,814	<input type="checkbox"/> New Member*	\$ 2,014	\$
<input type="checkbox"/> Committee	\$ 1,005	<input type="checkbox"/> Committee	\$ 1,005	

By registering for this event, I grant ISPE permission to record and/or copy my image and the right to use these images for ISPE promotional purposes. If not, please inform ask@ispe.org.

* Yes, I elect ISPE membership. To activate your membership please download a membership application at www.ISPE.org/Membership and return it to ISPE with this registration form. Membership is non-transferable.

Special Lunch Requirement** (Vegetarian, Kosher, Gluten Free, Allergy) – Please Specify _____

** Additional fee may apply

PAYMENT METHOD — REGISTRATIONS REQUIRE PAYMENT ATTACHED

Substituting for _____

(Nonmembers substituting for a member must pay the difference in fees.)

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 _____

Conference Cancellations - Cancellations must be made in writing. If cancellations are received by **16 September 2013**, 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. However, nonmembers substituting for a Member must pay difference in fees prior to the start of the event. ISPE is not responsible for lost airfare due to cancellations.

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

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