ISPE 2010 Annual Meeting

Guest and Networking Events Registration Form

Please type or print clearly.

Member ID: _____

Primary Attendee
First Name _____ MI _____ Last Name _____

Email Address _____

Job Title _____ Company _____

Business Address _____ City _____

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

Business Tel _____ Business Fax _____

Emergency Phone: Cell Phone _____ or Home Phone _____

Guest 1 Name _____ Email _____

Guest 2 Name _____ Email _____

PLEASE SELECT THE EVENT(S) YOU WILL ATTEND	FEE	QTY	TOTAL
Charity 5K Run/Walk (Sunday morning)	$25 each		
Sunday Night Reception	$0 each		
Monday Night COP Beach Bash General Reception, 17.30-19.00 at the Beach includes beer, wine, soft drinks, appetizers, and Community Networking Activities	$20 each		
***Monday Night COP Dinner Events, 19.30-21.30** *(Choose only one event)* ❑ **GAMP® and Engineering Standards Benchmarking COP Dinner** Shula's Steak House (Dolphin Resort) – includes appetizer, entrée, dessert, beer, wine, and soft drinks ❑ **Active Pharmaceutical Ingredients, Biotechnology, PAT COP Dinner** Todd English's Blue Zoo (Dolphin Resort) – includes salad or appetizer, entrée, dessert, beer, wine, and soft drinks	$70 each		
Tuesday Night Party	$200 each		
Wednesday Delegate/Guest Lunch	$45 each		
	Total US$ _____		

Guests

We do not have a formal Guest program this year. Use this form for the Sunday Reception, Monday COP Reception, Monday COP Dinner, Tuesday Night Party, and/or the Wednesday lunch with the delegates. There are many options for things to do in the Orlando area including Disney theme parks, shopping, and other activities. Disney discounted ticket information is on page 26. See the concierge for more options. (Stop by ISPE Registration to put your name on a contact list so other guests can get in touch with you.)

PAYMENT METHOD
Registrations will not be accepted without payment or credit card information. Please contact ISPE regarding wire transfers.

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

❑ Bill My Credit Card - check type: ❑ VISA ❑ MASTERCARD ❑ AMEX

CARD NUMBER

EXPIRATION DATE

NAME OF CARDHOLDER (AS IT APPEARS ON CARD)

CARDHOLDER SIGNATURE

FEI #59-2009272

Please submit your hotel reservation form on page 28 with this form.

Cancellations accepted in writing. Refunds will be given minus a 10% handling fee (maximum of $100) if received on or before 18 October. No refunds thereafter.

Please send Annual Meeting registration and hotel reservation forms with payment to:
ISPE Headquarters
3109 W. Dr. Martin Luther King Jr. Blvd., Suite 250
Tampa, FL 33607 USA
Tel +1-813-960-2105, Fax +1-813-264-2816
www.ISPE.org

**If minimum number of guests is not met, individual COP Dinner Events may be cancelled. Please register early or the dinner events may have to be cancelled 60 days prior to the event.*