ISPE 2011 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
Sunday Night Reception	US$0 each		
Charity 5K Run/Walk (Monday morning)	US$25 each		
Monday Night COP Pre-Game Party, 17.30-19.00 at the Texas Station Sports Bar and Grille includes beer, wine, soft drinks, appetizers, and Community Networking Activities	US$40 each		
***Monday Night COP Dinner Event, 19.30-21.30** *(Choose only one event)* ❑ **GAMP® COP Dinner** Riverwalk Cantina (Gaylord Texan) – includes salad, entrée, dessert, and two premium drink tickets ❑ **PAT, Process/Product Development, Oral Solid Dosage, and Steril Products Processing COPs Dinner** Zeppole (Gaylord Texan) – includes salad, entrée, dessert, and one premium drink ticket ❑ **HVAC, Sustainable Facilities, and Critical Utilities COP Dinner** Zeppole (Gaylord Texan) – includes salad, entrée, dessert, and one premium drink ticket	US$75 each		
Young Professionals Networking Dinner Monday Night, 19:30-22:00 Off site at Austin Ranch - includes salad, entrée, desert and non-alcoholic beverages. Cash bar available.	US$50		
Tuesday Night Party	US$200 each		
Monday Lunch	US$55 each		
	Total US$ _____		

Guests

Use this form for the Sunday Reception, Monday COP Reception, Monday COP Dinner or the Tuesday Night Party.

Visit www.ISPE.org for more details.

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 32 with this form.

Cancellations accepted in writing. Refunds will be given minus a 10% handling fee (maximum of $100) if received on or before 17 October. No refunds thereafter.

Please send Annual Meeting registration and hotel reservation forms with payment to:

ISPE Headquarters
600 N. Westshore Blvd., Suite 900
Tampa, Florida, 33609 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.*