

2016 PDA Biosimilars Conference

June 20-21, 2016 | Baltimore, MD

Hilton Baltimore

Exhibition: June 20-21 | Courses: June 22

One easy way to register -

Fax: +1 (301) 986-1093 (USA)



1 Contact Information

PDA Membership Number: _____

Prefix	First Name	Last Name
Job Title	Company	
Business Address		
City	State/Province	ZIP+4/Postal Code
Country	Email	
Business Phone	Fax	

2 Premier Package | CONFERENCE & WORKSHOP Registration | June 20-21, 2016

Please check appropriate fee (US\$).

	Member	Nonmember
Before April 8, 2016	<input type="radio"/> \$1,695 \$1,495	<input type="radio"/> \$1,954 \$1,754
April 8 – May 6, 2016	<input type="radio"/> \$1,895 \$1,695	<input type="radio"/> \$2,154 \$1,954
After May 6, 2016	<input type="radio"/> \$2,095 \$1,895	<input type="radio"/> \$2,354 \$2,154

3 PDA EDUCATION | June 22, 2016

Please check appropriate fee (US\$).

PDA #129 Biosimilar CMC and Regulatory Challenges (June 22)

PDA #479 Analytical Method Qualification, Transfer, and Validation for Biosimilars (June 22)

	Course #129	Course #479
Before May 6, 2016		
Standard		
Member	<input type="radio"/> \$985 \$885	<input type="radio"/> \$985 \$885
Nonmember	<input type="radio"/> \$1,255 \$1,155	<input type="radio"/> \$1,255 \$1,155
After May 6, 2016		
Standard		
Member	<input type="radio"/> \$1,095 \$995	<input type="radio"/> \$1,095 \$995
Nonmember	<input type="radio"/> \$1,395 \$1,295	<input type="radio"/> \$1,395 \$1,295

4 Payment Options

All cards are charged in US\$.

Group Registration: Register 4 people from the same organization as a group (at the same time) for the CONFERENCE and receive the 5th registration free. Other discounts cannot be applied. All forms MUST be faxed in together.

By Credit Card – Clearly indicate account number, expiration date and billing address.

Please bill my: American Express MasterCard VISA

Credit Card Guarantee Only

Total amount \$ _____ Campaign Code **BIO2016**

Credit Card Number _____ Exp. Date _____

Name (exactly as it appears on card) _____ Signature _____

Billing Address (Billing address must match credit card statement) _____

City _____ State _____ Zip _____ **PDA Federal Tax I.D. #52-1906152**

Country _____ Wire Transfer Payments: If you require wire transfer, please contact registration@pda.org.

CONFIRMATION: A letter of confirmation will be sent to you once payment is received. You must have this written confirmation to be considered enrolled in a PDA event. Please allow one week for receipt of confirmation letter. If you have submitted a purchase order or requested an invoice, please be advised that a credit card guarantee is needed. **SUBSTITUTIONS:** If you are unable to attend, substitutions can be made at any time, including on-site at the prevailing rate. If you are a non-member substituting for a member, you will be required to pay the difference in the non-member fee. If you are pre-registering as a substitute attendee, indicate this on the registration form. **REFUNDS:** Refund requests must be in writing and faxed to +1 (301) 986-1093. (Emails and phone messages are not accepted). If your written request is received on or before **April 21, 2016**, you will receive a full refund minus a \$200 processing fee. After that time, no refunds or credit requests will be approved. On-site registrants are not guaranteed to receive conference materials until all advanced registered attendees receive them. **REFUNDS FOR COURSES:** If your written request is received by May 23, 2016, you will receive a full refund minus a \$200 processing fee. After that time, no refunds will be approved. PDA reserves the right to modify the material or speakers/instructors without notice, or to cancel an event. If an event must be canceled, registrants will be notified by PDA as soon as possible and will receive a full refund. PDA will not be responsible for airfare penalties or other costs incurred due to cancellation. For more details, contact PDA at info@pda.org or +1 (301) 655-5900. **PLEASE NOTE THAT PHOTO ID WILL BE REQUIRED IN ORDER TO PICK UP BADGE MATERIALS ON-SITE. THIS IMPORTANT SECURITY PROCEDURE WILL PREVENT ANYONE OTHER THAN THE REGISTRANT FROM PICKING UP THEIR BADGES AND MATERIALS. RECORDING/PHOTO RELEASE:** By registering for these events, I authorize PDA to record and photograph me and to use the recordings/photographs in all formats and media for any purpose, including for education, marketing and trade purposes. I hereby release PDA from all claims arising out of the use of the recordings/photographs, including without limitation all claims for compensation, libel, invasion of privacy or violation of copyright ownership. Recordings are prohibited at all PDA conferences.

PDA USE ONLY Date: _____ Check: _____ Amount: _____ Account: _____

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