



Pharma-Bio-Med 2008 Conference & Exposition Dubrovnik, Croatia

Conference & Exposition: 2nd – 5th November, 2008

Optional Vendor Workshops: 2nd November & 6th November, 2008

Complete this form by **printing clearly** and fax it directly to the Pharma-Bio-Med organisers: **Fax to +1 (858) 592 7693**
(The preferred, more convenient method of registering is electronically via the website <http://www.Pharma-Bio-Med.com>)

Dr./Mr./Ms. Last Name _____

Organisation _____

Address _____

Post Code _____

Country _____

Date of Arrival _____

Date of Departure _____

As well as the main conference sessions, I plan on attending the following meals/events (included in Registration Fee):

- Yes No Sun. 2nd November, Evening Reception
 Yes No Mon. 3rd November, Lunch
 Yes No Mon. 3rd November, Dinner
 Yes No Tues. 4th November, Lunch
 Yes No Wed. 5th November, Lunch

Special dietary requirements:

- Vegetarian Other _____

In addition, please register me for the following workshops, which are being offered free of charge and open to all registered delegates (For the latest details of workshop content, see www.Pharma-Bio-Med.com):

✓ Note: Exact times are subject to change

- Yes No Sun. 2nd Nov., 14:00 – Workshop I
 Yes No Sun. 2nd Nov., 14:45 – Workshop II
 Yes No Sun. 2nd Nov., 15:30 – Workshop III
 Yes No Sun. 2nd Nov., 16:15 – Workshop IV
 Yes No Sun. 2nd Nov., 17:00 – Workshop V
 Yes No Thu. 6th Nov., 09:00 – Workshop VII
 Yes No Thu. 6th Nov., 09:45 – Workshop VIII

(Information about Vendor Workshops and how to update your registration form with your workshops choices will be sent to you at a later date.)

Choose either Method of Payment:

- By Wire Transfer in Euros**
Details to be provided upon receipt of registration form
- By Credit Card Online (via www.Pharma-Bio-Med.com)**
Name on Credit Card _____
(For Administrative Purposes Only)
Billed in Euros only through Paypal.

First Name _____

Job Title _____

Phone _____

Fax _____

E-mail _____

Please print my badge to read:

Preferred Name _____

Organisation _____

Country _____

Personal Area(s) of interest (i.e.: literature, clinical trials, safety, regulatory info., drug pipeline, Competitor Intelligence, etc.):

Note: This form does not register you for a hotel room. Please also complete the separate 'Hotel Booking Form' and submit to the Hotel.

Cancellation policy: Substitution of registrant within the same organisation is permissible at any time. All cancellations must be in writing and received by Oct. 10th 2008 and are subject to a €100 cancellation handling fee. All fees are non-refundable after October 10th 2008.

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Vendors, information and service providers, other than the official Pharma-Bio-Med 2008 sponsors and exhibitors, agree not to solicit business during and around Pharma-Bio-Med 2008.

Please register me for Pharma-Bio-Med 2008
.....€795__

Signature of Attendee _____

Date _____

(Must be signed and dated by each attendee)

For updates on Pharma-Bio-Med and related news, join the Pharma-Bio-Med Discussion List by visiting www.Pharma-Bio-Med.com