

CONFERENCE REGISTRATION FORM

Last Name: _____ First Name: _____

Title: _____

Primary Job Function: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Your email address will be used as your username for Online Access to the RDD Proceedings.

Special Dietary Needs: _____

WORKSHOP REGISTRATION

Please indicate the THREE workshops you wish to attend (see pages 4 and 5 for selections).

Workshop # 1: _____

Workshop # 2: _____

Workshop # 3: _____

While the organizers will make every attempt to assign you to the workshops you choose, available room space is limited and this may not be possible in all cases. In such cases you will be asked to select an alternative workshop. Please accept our apologies if your selection is unavailable.

PLEASE CHECK TYPE OF REGISTRATION YOU REQUIRE

RDD Asia 2016 Registration Fees	Asian Delegates	International Delegates*
Early (Payment received by August 19, 2016)	<input type="checkbox"/> \$525 [\$603.75 with tax]	<input type="checkbox"/> \$995 [\$1,144.25 with tax]
Regular	<input type="checkbox"/> \$550 [\$632.50 with tax]	<input type="checkbox"/> \$1,100 [\$1,265.00 with tax]
Academic and Government	<input type="checkbox"/> \$300 [\$345.00 with tax]	<input type="checkbox"/> \$300 [\$345.00 with tax]

Extra Gala Dinner Tickets:

I would like to order extra Gala Dinner tickets:

\$75 [\$86.25 with tax] x number of tickets _____ = Total Cost \$ _____

PAYMENT

Bank transfer: payable to the order of Aptar Pharma India Pvt. Ltd. A/C RDD Asia

Please request our bank information by e-mail: rddasia@rddonline.com

(Your name and company should be CLEARLY STATED in the transfer document.)

Check (in Indian Rupees/INR) payable to the order of Aptar Pharma India Pvt. Ltd. A/C RDD Asia, send to Ms Prachi Wadiwala-Singhai, Aptar Pharma India Pvt. Ltd. R-854, TTC Industrial Estate, Thane Belapur Road, Rabale, Mumbai, Maharashtra 400701 India

By credit card Visa Mastercard

Card No: _____ Expiration date (MM/YY): _____

CSC Security Code (the last three digits on the back of the credit card): _____

Please check with your bank that your "Daily Purchase Limit" will cover the Registration Fee.

Billing address (if different): _____

Signature: _____ Date: ____/____/____

\$ = US Dollars

* Delegates who live in North America, Europe and Australasia pay the international rate, irrespective of their country of birth.