

# Regulatory Affairs Certificate



**RAPS ONLINE UNIVERSITY**  
Essential knowledge. Well earned.

☐ Mr ☐ Ms ☐ Dr First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Advanced Degree: ☐ JD ☐ PhD ☐ PharmD ☐ MD ☐ DDS ☐ DMD ☐ SCD ☐ DVM ☐ RAC

Title \_\_\_\_\_

Company \_\_\_\_\_

Address ☐ Business ☐ Home \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (with area/country code) \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Address (if different from above) ☐ Business ☐ Home \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## REGISTRATION FEES (All fees in US dollars)

Medical Devices Program	<input type="checkbox"/> Member* – \$2100	<input type="checkbox"/> Nonmember – \$2625
Pharmaceuticals Program	<input type="checkbox"/> Member* – \$2100	<input type="checkbox"/> Nonmember – \$2625
Dual Program	<input type="checkbox"/> Member* – \$3300	<input type="checkbox"/> Nonmember – \$4125
Upgrade to Dual (Medical Devices)	<input type="checkbox"/> Member* – \$1200	<input type="checkbox"/> Nonmember – \$1680
Upgrade to Dual (Pharmaceuticals)	<input type="checkbox"/> Member* – \$1200	<input type="checkbox"/> Nonmember – \$1680

\*Enterprise and Emerging Market Member discounts for qualified individuals will be applied during order processing.

## METHOD OF PAYMENT

- ☐ **International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997—ABA #061000104—Swift Code SNTRUS3A to: SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

- ☐ **Check #** \_\_\_\_\_

- ☐ **Credit Card** ☐ American Express ☐ MasterCard ☐ Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Postal Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Signature \_\_\_\_\_

**Questions?** Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see **RAPS.org** for complete registration policies and procedures.

**HOW TO REGISTER:** **ONLINE:** RAPS.org/onlineu (credit card only)  
**FAX:** +1 301 841 7956 (credit card or wire)  
**MAIL:** RAPS c/o SunTrust Lockbox Dept  
PO Box 79546, Baltimore, MD 21279-0546