

## **Registration Form Instructions**

(Please see Sponsor/Exhibitor Registration Form on the following 2 pages)

If you have NOT already registered your personnel on your exhibit contract, please fill out the exhibitor registration form below for each person in need of a badge for the meeting.

As an Exhibitor you are entitled to

- 1 complimentary full conference pass
- 1 complimentary "exhibit hall only" pass

Any additional badges may be purchased at a discounted rate. See registration form below for discounted pricing and deadlines.

For Sponsors, please reference your contract for the number of complimentary registration badges included with your sponsorship.



WPC 1460

## **World Pharmaceutical Congress**

Westin Boston Waterfront ~ Boston, MA

May 21 - 23, 2014

(2 Pages) Sponsor/Exhibit Registration Form – Deadline: April 21, 2014		
Sponsor/Exhibitors please use this form to registe	-	
Exhibitors receive 1 Full Conference registration and 1 Booth Only		
	ered electronically · A free subscription to newsletter · Access to	
exhibits and	l poster area	
Exhibitor/Sponsor Company Name:	Booth Number:	
Registration Type:	ituting for	
BOOTH PERSONNEL:		
Complimentary Registration - Booth Only \$250 Additional Registration - Booth Only Personnel (limited t	o one) OPOSTER (Deadline: April 4, 2014) You will receive a submission link via email. (Contact: jring@healthtech.com)	
FULL CONFERENCE PRICING:		
Complimentary Full Conference Registration (EXCLUDES SHOR		
5729 Single Conference Pricing Includes access to 1 conference		
\$1199 BEST VALUE! Includes access to 2 conferences (EXCLUD)	ES SHORT COURSES, LIMITED TO 5 REGISTRATIONS)	
	N 99 1	
Based on your pricing option please select the conference(s	s) you will attend.	
BEST VALUE- select 2 (1 from each section)		
Single Conference- select 1		
May 21 - 22:		
T1 Tumor Models to for Targeted Therapy		
T2 Imaging in Oncology		
<b>T3</b> Preclinical Drug Safety		
T4 Formulation & Drug Delivery		
T5 Targeting Pain		
<b>T6</b> Tumor Models for Cancer Immunotherapy		
<b>T7</b> In Vitro Tumor Models		
T8 Epigenetics Screening T9 Process Chemistry		
\$399 Single Short Course		
\$699 Two Short Courses \$699 Three Short Courses \$699 Three Short Courses \$699 Three Short Courses		
\$899 Three Short Courses  Research and the Short Course (a) was will attend (REOLURED)		
Please select the Short Course(s) you will attend: (REQUIRED)	l	
Tuesday, May 20 <sup>th</sup>	Wednesday, May 21 <sup>st</sup>	
SC1 Animal Models of Pain: Progress and Challenges	SC6 Refining API Process Development For Efficiency	
SC2 Introduction To Drug Metabolism And Its Role in Drug	SC7 How To Best Utilize Organotypic 3D Cell Culture Assay	
Toxicity	in Oncology	
SC3 Nanotechnology For Enhancing Bioavailability of Poorly	SC8 Computational Modeling of Cancer Genomics	
Soluble Drugs		
SC4 (Dinner) Metastic Tumor Models: Technology and		
Applications		
SC5 (Dinner) Safety Testing for Biological Drugs and Vaccines		



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Delegate Information:			
Mr. Ms. Dr. Prof.			
First Name:Last Name:			
Title:Div/Dept:			
Address:			
City/State/Postal Code:	_Country:		
Telephone:	Fax:		
Email			
How would you prefer to receive notices from CHI? EMAIL: Yes No FAX : Yes No			
Would you like to receive CHI event updates Yes No			
ORDER TOTALS: Additional Registration BOOTH PERSONNEL	\$		
Additional Registration FULL CONFERENCE REGISTF	RATION \$		
Additional Registration SHORT COURSE(S)	\$		
Total D	Due \$		
PAYMENT DETAILS:			
Enclosed is check or money order payable to Cambridge Healthtech Institute, drawn on a U.S. bank, in U.S. currency.			
Cardholders Name: Signat	— —		
Card #:			
<u>CANCELLATION POLICY</u> : Cancellations will only be accepted up to 2 weeks prior to the conference. To cancel a registration, you may:			
*Transfer your registration to a colleague within your organization *Transfer your registration to another Cambridge Healthtech Institute program (Credit Voucher Valid for 1 Year)			
*Request a refund minus a \$100 processing fee per conference			
*Request a refund minus the cost of ordering a copy of the documentation CD.			
PLEASE RETURN COMPLETED FORMS TO:			
ELAINE ESKEDAL			
FAX: 781-972-5425 OR <u>EESKEDAL@HEALTHTECH.COM</u>			