

## Register an Attendee

▶ **Virtual Registration Only - \$999.00**

▶ **Combo - 2 Year Registration - \$3,899.00** (For Pharma Industry attendees only, expires on 10/21/2020)

Please check your appropriate designation:

**Pharmaceutical Industry Participant**

*Defined as an individual employed by a Pharma or Biotech company that manufactures and/or distributes pharmaceuticals, pharmaceutical samples and/or medical devices.*

**Exhibitor**

*Exhibitors must first purchase a Booth Registration Package which includes a 10' x 10' space and 2 conference exhibitor badges. **This form is to be used for additional exhibit staff who are not included in the booth package badges.***

### Attendee Registration Information

Name as you wish it to appear on Conference Badge:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone \_\_\_\_\_ Have you attended the conference before?  Yes  No

## Transfer an Existing Registration

▶ **Name Change Fee \$100**

If you are replacing someone who has already registered for the conference, complete the "Attendee Registration Information" above with your own information and indicate the name of the person you are replacing here.

**Name of person you are replacing:** \_\_\_\_\_

## Payment Options

All registration fees are non-refundable, regardless of the circumstances.

### Action:

▶ **Transfer An Existing Registration:**

**Name Change Fee...\$100**

▶ **Register An Attendee:**

**Virtual Registration.....\$999.00**

**Combo - 2 Year Registration.....\$3,899.00**

### Type of Payment:

**Credit Card** If paying by credit card, email form to mail@sharingalliance.org or fax to 914-747-1430. You may also call 914-843-1893 if you prefer to give credit card info by phone.

Please indicate one  MasterCard  Visa  American Express

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

(or)

**Check** If you are paying by check, please make payable to: "PDMA Alliance Inc./dba The Sharing Alliance", Tax ID number 59-3589416 and mail the check and this completed form to:

**Deb Segura, Alliance Executive Director, The Sharing Conference, 2490 Stewart Street, York, SC 29745**