**Attendee's Full Name**

**First Name** **Last Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee's Complete Address**

**Street Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Line 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City State Zip Code Country**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**E-mail** **Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Webinar/Seminar/Conference Information Type:** Please select the registration type:

**Webinar:** \_\_\_\_\_\_\_

1-5 Attendees: ($295/pp) \_\_\_ 6-10 Attendees ($250/pp) \_\_ Over 10 Attendees ($200/pp) \_\_\_

**One Day Seminar**: \_\_\_\_\_\_\_\_\_

1-5 Attendees: ($995/pp) \_\_\_ 6-10 Attendees ($950/pp) \_\_\_ Over 10 Attendees ($900/pp) \_\_\_

**Two days Seminar** \_\_\_\_\_\_\_\_\_

1-5 Attendees: ($1990/pp) \_\_ 6-10 Attendees ($1900/pp) \_\_ Over 10 Attendees ($1800/pp) \_\_

**Previous Attendee**

Please indicate if you attended a previous Pharmabiodevice Consulting LLC Conference \_\_\_\_

**Payment Information:**

**Credit Card** \_\_\_\_ (PDF form or by PayPal) **Check** \_\_\_ **Money Order** \_\_\_\_ (Mail form and check to the business address)

**Name and Address of Credit Card Holder**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Type**: Master Card: \_\_\_\_\_ Visa: \_\_\_\_\_\_ Discover: \_\_\_\_\_\_ Amex: \_\_\_\_\_

**Credit Card #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exp. Date/CVV**: \_\_\_\_\_\_\_\_\_/\_\_\_\_

For Enquiries, contact: Pharmabiodevice Consulting LLC at: [pharmabiodevice@gmail.com](mailto:pharmabiodevice@gmail.com)

Business Telephone: 240-678-2020, Website: [www.pharmablodeviceconsultant.com](http://www.pharmablodeviceconsultant.com)