

Use one form for each person registering. Please **TYPE** or **PRINT** complete information.

Do not use this form for complimentary registrations, including: Scholarship Recipients, Student Prize Winner, Pre-Conference Course Faculty, and Exhibitor/Sponsor registration. Complimentary registrants must register using a special paper registration form.

Please contact ISPE@paimgmt.com with questions, or for a copy of the special complimentary registration form.

Given/First Name	MI	Family/Last Name
Position/Title		Degree(s)
Company/Institution/Affiliation		
Street Address		Suite/Room
City		State/Province
Zip/Postal Code		Country/Region
Office Phone		Office Fax
Email		

[A] CONFERENCE REGISTRATION (Please select one)

<i>All fees are listed and must be paid in U.S. Dollars.</i>	EARLY BIRD by Aug. 14	ADVANCE by Sept. 10	ON-SITE
Industry/Service Provider	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825
Academic	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$525
Government	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$525
Special*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> 350
JSPE	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$525
Student/Recent Graduate <i>Documentation of FULL TIME Student/ Recent Graduate status required. Email to ISPE@paimgmt.com</i>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Retiree	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
One-Day	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300

Specify day:
☐ Saturday, October 25 ☐ Sunday, October 26 ☐ Monday, October 27

One-Day registration does not include admission to Free Classes or Social Events.

* Individual must be a citizen and resident of a country classified as High, Medium or Low Human Development as identified by the United Nations (Source: Human Development Report 2013, "Sustainability and Equity: A Better Future for All". Please visit www.pharmacoepi.org/join/join-individual for more information. Table 1 — Human Development Index and its components. Human Development Index (HDI) — 2013 Rankings, Table 1). Residents of Taiwan qualify for the Special Rate.

Registration for the 30th Annual ICPE includes the following: meeting materials, lunches and refreshment breaks, complimentary admission to the Introduction to Pharmacoepidemiology and Introduction to Drug Utilization Pre-Conference Course (**registration required**), admission to Welcome Reception. Guest tickets for spouses, partners or friends must be purchased when registering, or onsite at the Registration Desk.

Registration for ICPE does not include a complimentary membership in the International Society for Pharmacoepidemiology.

SPECIAL NEEDS

☐ I have special dietary requirements and/or need additional accommodations in order to attend the conference.
(Please list these requirements below.)

[A] CONFERENCE
REGISTRATION

TOTAL \$ _____

[B] PRE-CONFERENCE COURSES *Tickets required. *Must register for 2014 ICPE to attend courses.**

THURSDAY, OCTOBER 23: HALF-DAY SESSIONS		EARLY BIRD by Aug. 14	ADVANCE by Sept. 10	ON-SITE	STUDENT/ SPECIAL
Morning Courses (8:30am–12:30pm)		<i>Please select one:</i>			
★Free★ (NO CHARGE-included in FULL reg. fee. Not open to One-Day Registrants.)					
Introduction to Pharmacoepidemiology (Mandarin)	<i>I plan to attend this session</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Introduction to Pharmacoepidemiology (English)	<i>I plan to attend this session</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Introduction to Drug Utilization Research (Mandarin)	<i>I plan to attend this session</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Introduction to Pharmacogenetics (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Practical Skills in Protocol Writing and Computer Programming (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Afternoon Courses (2pm–6pm)					
★Free★ (NO CHARGE-included in FULL reg. fee. Not open to One-Day Registrants.)					
Introduction to Drug Utilization Research (English)	<i>I plan to attend this session</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Practical Skills in Protocol Writing and Computer Programming (Mandarin)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Intermediate Pharmacoepidemiology (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Intermediate Pharmacogenetics (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Pharmacovigilance (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
FRIDAY, OCTOBER 24: HALF-DAY SESSIONS		EARLY BIRD by Aug. 14	ADVANCE by Sept. 10	ON-SITE	STUDENT/ SPECIAL
Morning Courses (8:30am–12:30pm)					
General/Asian Database (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Registry/Prospective Cohort (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Comparative Effectiveness Research (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Device Epidemiology (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Afternoon Courses (2pm–6pm)					
Advanced Topics in Pharmacoepidemiology (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Advanced Topics in Drug Utilization Research (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Non-Database Pharmacoepidemiology (English)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Advanced Topics in Pharmacoepidemiology (Chinese)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	
Pharmacovigilance (Chinese)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ -	

[B] PRE-CONFERENCE
REGISTRATION

TOTAL \$ _____

CANCELLATION POLICY

Written cancellation received **by September 18, 2014** will receive a refund less \$100 cancellation fee. Students may request a reduced cancellation fee of \$40. Refunds will be issued after the meeting in U.S. Dollars via method of payment (Credit/Check). Registration fees for cancelled registrations cannot be applied to future ISPE meetings. Registrants who do not cancel prior to the conference and who do not attend, will be responsible for the full registration fee.

Written refund requests received by the Society **after the September 18, 2014** deadline for issues outside of registrant's control (e.g. sickness, Visa refusal, etc.), will be reviewed on a case-by-case basis by the ISPE Executive Secretary.

Want to switch a course? Contact ISPE@paimgmt.com to request a switch no later than August 29, 2014.

[C] SOCIAL EVENTS AND GUEST TICKETS

[1] Friday, October 24, 2014/Evening

Welcome Reception/Academic Showcase

(Full meeting registration includes one admission; cash bar)

I plan to attend this event ☐ YES ☐ NO

Guest tickets: **\$50** Number of Guest tickets _____ = \$ _____

Total amount (Guest tickets) \$ _____

[2] Saturday, October 25, 2014/Evening (Students Only)

Student/Recent Graduate Night Out

(For students only, includes dinner and a beverage at a nearby restaurant)

ICPE student attendee cost: ☐ \$10
I plan to attend this event ☐ YES ☐ NO

Guest tickets: ~~\$35~~ Number of Guest tickets _____ = \$ _____

Total amount
(Attendee + Guest tickets) \$ _____

[3] Sunday, October 26, 2014/Evening

Gala Dinner at the Grand Hotel

Guest tickets:

Guest (non-student) **\$80** Number of Guest tickets _____ = \$ _____

Student Guest **\$35** Number of Guest tickets _____ = \$ _____

ICPE attendee cost: ☐ \$80

ICPE special attendee cost: ☐ \$35

ICPE student /recent graduate attendee cost: ☐ \$35

I plan to attend this event ☐ YES ☐ NO

Total amount \$ _____

[D] ICPE ANNUAL APPEAL

[C] SOCIAL EVENT

TOTAL \$ _____

The Society invites you to support what is widely recognized as the preeminent international conference in pharmacoepidemiology by making a modest donation of \$30 for 30 years. All contributors will receive an Annual Appeal ribbon and have their names posted on the website and 2014 ICPE Program (Contributions must be received by August 14, 2014 to be included in the final program).

☐ *I would like to donate \$30 to the ICPE Annual Appeal*

TOTAL AMOUNT DUE All amounts are in U.S. Dollars.

[A] Conf. Registration + [B] Pre-Conf. Courses + [C] Event Tickets + [D] ICPE Annual Appeal

TOTAL \$ _____

METHOD OF PAYMENT

☐ **PAYMENT BY CHECK** (All fees must be paid in U.S. Dollars. Payment must accompany this registration. ISPE does not provide invoices.)

Check must be drawn on U.S. bank and made payable to "ISPE". If a company or university makes payment, please make certain your name is written on the check stub or accompanying correspondence to ensure it is properly applied.

☐ **PAYMENT BY CREDIT CARD**

(Current exchange rate will apply)

Please charge my credit card: \$ _____

Check one:

☐ Visa ☐ MasterCard ☐ American Express

Please complete the information below:

Cardholder Name (Print)

Credit Card Account #

Security Code

Expiration Date (Month/Date/Year)

Signature

Billing Address / Street

City / State

Zip/Post Code / Country

FAX OR MAIL THIS FORM TO:

+1 301.656.0989

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