



# REGISTRATION FORM

## 2017 PLASMA PROTEIN FORUM | JUNE 13-14

### WASHINGTON MARRIOTT GEORGETOWN | WASHINGTON D.C.



#### PERSONAL INFORMATION

(\* ) Indicates Required Field

Prefix (Prof/Dr/other) \_\_\_\_\_

First Name (\* ) \_\_\_\_\_ Last Name (\* ) \_\_\_\_\_

Name (for badge) (\* ) \_\_\_\_\_

Company/Organization (\* ) \_\_\_\_\_

Billing Address 1 (\* ) \_\_\_\_\_

Billing Address 2 \_\_\_\_\_

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

Country (\* ) \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email (\* ) \_\_\_\_\_ Alternate Email \_\_\_\_\_

Phone Number \_\_\_\_\_

#### REGISTRATION TYPE

REGISTRATION TYPE	Early Bird	After April 28	On-Site
PPTA Member	\$1,000	\$1,200	\$1,400
Non-Member	\$1,400	\$1,600	\$1,800
Patient *	\$75	\$75	\$75
Emeritus **	\$100	\$100	\$100
Government	\$100	\$100	\$100
Healthcare Provider ***	\$100	\$100	\$100

\* Patients using plasma protein therapies or employees of not-for-profit patient organizations.  
 \*\* An individual who is retired from industry and is not consulting, who has been active in the Association in previous years.  
 \*\*\* An active practitioner within the plasma user community who is not employed by any for-profit company.

#### 25TH ANNIVERSARY GALA REGISTRATION

WOULD YOU LIKE TO REGISTER FOR THE PPTA 25TH ANNIVERSARY GALA? YES NO

NOTE: There is an additional fee of \$100 per person to attend the Gala.

#### PAYMENT INFORMATION

TOTAL AMOUNT: \_\_\_\_\_  
 (Forum + Gala, if applicable)

Payment Method:

Credit Card OR Check Mail to:  
 AMEX Plasma Protein Therapeutics Association  
 MasterCard 147 Old Solomons Island Rd, Suite 00  
 Visa Annapolis, MD 21401 USA

Card Number: \_\_\_\_\_ CVV / Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By registering for the Plasma Protein Forum, you agree to the Terms and Conditions as stated below.

#### TERMS & CONDITIONS

##### EARLY BIRD REGISTRATION:

Payment **MUST BE** received by **MAY 1, 2017** in order to receive the discounted rate.

##### REGISTRATION TYPE:

PPTA reserves the right to confirm registration type and charge appropriately.

##### SUBSTITUTIONS:

Substitutions **WILL NOT** be allowed on-site; notification of substitutions must be received by **MAY 31, 2017**.

##### CANCELLATIONS:

Member and Non-Member cancellations must be received in writing by **MAY 31, 2017** and will be subject to an administrative fee of \$250.

##### PHOTO RELEASE:

By registering for this event, you agree to allow PPTA to use any images taken of you.

##### PRESS:

All Press must apply for credentials prior to the event. Please contact the Association for more information.

##### DATA PROTECTION:

The personal information provided will be used for PPTA purposes only.

##### GALA ATTENDANCE:

In order to attend the 25th Anniversary Gala, you must register for the Plasma Protein Forum. Subject to availability. Limit ONE guest per registrant. Complete the back side of this form with your guest's information. The fee to attend the Gala is \$100 per person in addition to the Forum registration cost. Gala attendance is not guaranteed until a confirmation email is sent from PPTA.

**Hotel block is intended for registered attendees to the Plasma Protein Forum only. PPTA reserves the right to remove anyone from their room block that is not registered for the Forum.**

Please complete this form and return to Charon Smith at:

Email: [csmith@pptaglobal.org](mailto:csmith@pptaglobal.org) / Fax: +1.410.263.2298

Should you have issues submitting the form, please contact Charon Smith at +1.443.433.1114



# GALA GUEST INFORMATION

25th ANNIVERSARY GALA | JUNE 13  
ANDREW W. MELLON BUILDING | WASHINGTON D.C.



(\* ) Indicates Required Field

Prefix (Prof/Dr/other) \_\_\_\_\_

First Name (\* ) \_\_\_\_\_

Last Name (\* ) \_\_\_\_\_

**Comments / Special needs:**

---

---

**Dietary considerations:**

---

---

## NOTE:

- » There is limited availability for the PPTA 25th Anniversary Gala. Registration is on a first-come, first-served basis.
- » In order to attend the 25th Anniversary Gala, you must register for the Plasma Protein Forum.
- » There is an additional fee of \$100 per person to attend the Gala.
- » Limit ONE guest per registrant.

**Please complete this form and return to Charon Smith at:**

**Email: [csmith@pptaglobal.org](mailto:csmith@pptaglobal.org) / Fax: +1.410.263.2298**

**Should you have issues submitting the form, please contact Charon Smith at +1.443.433.1114**

