

(Use one form for each person registering; use photocopies for additional registrants)

[Please PRINT complete information]

Given/First Name _____ MI _____ Family/Last Name _____

Name on Badge _____

Position/Title _____ Degrees _____

Company/Institution/Affiliation _____

Street Address _____ Suite/Room (If any) _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Office Phone _____ Office Fax _____

Email _____

Are you a student? YES NO

REQUIRED:
 I am a presenter (oral/poster): NO YES
 If you are a presenter, please indicate the number of your abstract(s): _____ , _____ , _____ , _____

A. PRE-CONFERENCE EDUCATIONAL SESSIONS

Sunday, August 21 | Morning, 8:30-Noon

[1] Introduction to Pharmacoepidemiology*
**NO CHARGE - included in FULL registration fee. Not open to One-Day registration.*

I plan to attend this session	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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[2] Skills Workshop - STUDENTS ONLY*
** NO CHARGE - included in FULL registration fee. Student ID required for admission. Space limited. Workshops will be repeated so each student can attend both sessions.*

I plan to attend this session	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Sunday, August 21 | Afternoon, 1:30-5:30pm

[3] Advanced Topics in Pharmacoepidemiology Methods
Additional registration fee required. (See registration instructions)

	EARLY By July 16	REGULAR After July 16
Member of ISPE or sponsoring organization	<input checked="" type="checkbox"/> \$100	<input type="checkbox"/> \$225
Non-Member	<input checked="" type="checkbox"/> \$50	<input type="checkbox"/> \$250

OR

[4] Introduction to Risk Management

	EARLY By July 16	REGULAR After July 16
Member of ISPE or sponsoring organization	<input checked="" type="checkbox"/> \$100	<input type="checkbox"/> \$225
Non-Member	<input checked="" type="checkbox"/> \$50	<input type="checkbox"/> \$250

Student (No registration fee)

I plan to attend Advanced Topics or Introduction to Risk Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

A. PRE-CONFERENCE COURSE TOTAL \$ _____

2005 REGISTRATION FORM (Page 1)



SPECIAL NEEDS
 I have special dietary needs. Please send requirements by August 8 to ISPE (ISPE@paimgmt.com) or Fax +1-301- 656-0989.

CANCELLATIONS
 Only written cancellations received by **August 5**, will receive refunds (less a \$100 administrative charge non student/\$40 student). Refunds will be issued after the meeting. No refunds will be issued for cancelled registrations received after **August 5**. 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.

Thank You for Registering!

ISPE - 2005 ICPE
 5272 River Road
 Suite 630
 Bethesda, MD 20816
 USA

301-718-6500 phone
 3001-656-0989 fax

See you in Nashville!

2005 REGISTRATION FORM (Page 2)



B. CONFERENCE REGISTRATION [US Dollars]

Registration Fee Conference

Please check appropriate category

	EARLY By July 16	REGULAR After July 16
Industry/Other	<input type="checkbox"/> \$830	<input type="checkbox"/> \$905
Academic	<input type="checkbox"/> \$73	<input type="checkbox"/> \$805
Government	<input type="checkbox"/>	<input type="checkbox"/> \$805
Student*	<input type="checkbox"/>	<input type="checkbox"/> \$315
One-Day Rate	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500

Specify day: Monday, August 22 Tuesday, August 23 Wednesday, August 24

FISPE Registration Fee

An additional amount is necessary to retain ISPE Fellowship status through June 2006. \$205

Registration Fee Conference includes one admission to Introduction to Pharmacoepidemiology, Academic Showcase/ Welcome Reception, and the evening at the Country & Western Hall of Fame; coffee/breaks/ lunch; and materials and membership in ISPE through June 30, 2006 (online PDS, access to members only section of website, and other benefits).

One-Day Registration does *not* include admission to Introduction to Pharmacoepidemiology, Academic Showcase/Welcome Reception, and evening at Country & Western Hall of Fame, or any ISPE membership benefits.

* Documentation of full time student status required.

ISPE – Special Registration Fee

(ONLY for ISPE/FISPE Members whose dues have already been paid through June 2006)

Please check appropriate category

	EARLY By July 16	REGULAR After July 16
Industry/Other	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700
Academic	<input type="checkbox"/>	<input type="checkbox"/> \$600
Government	<input type="checkbox"/>	<input type="checkbox"/> \$600
Retired	<input type="checkbox"/>	<input type="checkbox"/> \$250
Student*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250

ISPE – Special Registration Fee (Current ISPE Mmember) includes one admission to Introduction to Pharmacoepidemiology, Academic Showcase/Welcome Reception, and the evening at the Country & Western Hall of Fame; coffee/breaks/ lunch; and materials.

B. CONFERENCE TOTAL \$ _____

C. SOCIAL EVENTS

Sunday, August 21 | Evening

[1] Welcome Reception/Academic Showcase

(Full meeting registration includes one admission.)

I plan to attend the Welcome Reception YES NO

Additional tickets: \$40 | Number of tickets _____ = \$ _____ Total amount \$ _____

Tuesday, August 23

[2] Evening at the Country & Western Hall of Fame

Includes admission to hall and museum, transportation, entertainment & food. (Full meeting registration includes one admission for this event.)

I plan to attend this social event YES NO

Additional tickets:

Adult: \$ 85 Number of tickets _____ = \$ _____

Ages 2-12: \$ 40 Number of tickets _____ = \$ _____

Under 2: No charge Number of tickets _____ = \$ _____

Total amount \$ _____

C. SOCIAL EVENT TOTAL \$ _____

D. WIRE TRANSFERS

There is a \$30 (US) charge to accept a wire transfer. Call the ISPE office at (301) 718-6500 x6534, or email ISPE@paimgmt.com to request wire transfer details.

Wire Transfer Charge \$30

D. WIRE TRANSFER TOTAL \$ _____

**TOTAL AMOUNT DUE
(A+B+C+D) \$** _____

PAYMENT METHOD

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

Payment by Check
(All fees must be paid in US dollars)

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

Payment by Credit Card
(Current exchange rate will apply)

- Visa
- MasterCard
- American Express

Please complete the information below:

Cardholder's Name (PRINT)

Account Number

Expiration Date

Cardholder's Signature