

PHUSE CSS 2020 – Manual Registration Form

Date and Time of Registration:

Ticket Type	Ticket Type (Tick)	Price
Government / Non-Profit / Academia	<input type="checkbox"/>	\$150
FDA	<input type="checkbox"/>	\$150
Industry Organizing Committee & PHUSE BoD – (via invitation only)	<input type="checkbox"/>	\$0
Poster Presenter	<input type="checkbox"/>	\$150
Full CSS Ticket – Early Bird Discount (register before July 31 st)	<input type="checkbox"/>	\$200
Full CSS Ticket (after August 1 st)	<input type="checkbox"/>	\$350

Working Group of Choice		Please Tick
For planning purposes, please select one Working Group you are interested in participating in.		
1	Data Transparency	<input type="checkbox"/>
2	Education	<input type="checkbox"/>
3	Emerging Trends & Technologies	<input type="checkbox"/>
4	Nonclinical Topics	<input type="checkbox"/>
5	Optimizing the Use of Data Standards	<input type="checkbox"/>
6	Safety Analytics	<input type="checkbox"/>

Contact Details	
Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
E-mail Address	<input type="text"/>
Company Name for Invoice	<input type="text"/>
Company Type ¹	<input type="text"/>
Invoice Address Line 1	<input type="text"/>
Invoice Address Line 2	<input type="text"/>
Country	<input type="text"/>
Region – Americas, EMEA, APAC or specify other	<input type="text"/>
Country	<input type="text"/>
Do you wish to be included in the delegate list?	Yes / No
Will you participate in the Hackathon?	Yes / No

Please tick to confirm you agree to our [Terms & Conditions](#) and the statement below.

You agree the ticket is personal to you. You agree that you will not download, reproduce, distribute, display, transmit, broadcast, sell, license, alter, modify or otherwise use any part of any content provided as part of the event.

¹ Pharma / Biotech / CRO / Government / Software / Recruitment (etc.)



Payment Details		
Payment Type		Please Tick
1	Credit Card	<input type="checkbox"/>
2	Invoice	<input type="checkbox"/>
Option 1: Credit Card		
Card Type:	Visa / MasterCard / AMEX	
Card Number:		
Expiry Date:		
Name on Card:		
Country where card is registered:		
Security Code:		
Option 2: Company Invoice		
Should the attendee wish to receive an invoice for this registration, please complete the information in the section below.		
Name for the Invoice:		
Address for the Invoice:		
Purchase Order Number / Cost Center Code:		
Is this part of a group invoice?	Yes / No	