



HOW TO REGISTER:

Complete and send this form with payment made out to CHPA by email, fax or mail.

Online: (preferred)

Visit chpa.org/OTCAcademy

- Log-in and password required to register online.
- New to CHPA? You must create a contact record first.
- A log-in and password will be sent to you after creating a contact record.

Email: Shanae McFadden at smcfadden@chpa.org.

Fax: 202.223.6835

Mail:
cGMP for OTCs 101 Registration
CHPA
1625 Eye Street, NW, Suite 600 Washington,
DC 20006

Phone registrations are not accepted. For multiple registrations, copy this form.

Registration Questions:

Shanae McFadden
Manager, Meetings
202.429.3541
smcfadden@chpa.org

MEETING INFORMATION:

CHPA
1625 Eye Street NW, Suite 600
Washington, D.C. 20006

- Registration confirmations, program updates, and course materials will be sent electronically.
- Go to www.chpa.org/OTCAcademy for meeting details.
- Attire is business casual.

REGISTRATION FORM

REGISTRATION INFORMATION

First Name _____ M.I. _____

Last Name _____ Suffix _____

Badge Nickname _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Registrant's Email Address _____

(IMPORTANT: Confirmations, meeting updates, registration lists, and course materials will be sent electronically.)

REGISTRATION FEE

<input type="checkbox"/> CHPA Member Fee	\$99.00
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REFUND POLICY

After November 5, 2018

- No checks accepted after this date; credit card payments only.
- No Refunds; substitutions will be accepted for this meeting only.

Visa MasterCard American Express Check (payable to CHPA)

Card # _____ Security Code _____

Signature _____

Exp. Date _____

