

HARM Annual Pharmaceutical Manufacturing Congress for Enlarged Europe

CORINTHIA GRAND HOTEL ROYAL Budapest, Hungary 27-28 February 2013

66 Discovery consists of seeing what everyone has seen and thinking what nobody has thought.

Szent-Györgyi Albert, (1893 - 1986), Biochemist & Nobel Prize Winner for Medicine in 1937

Delegate Registration Form - Online

PHARM CONNECT CONGRESS 2013

VENUE: CORINTHIA Grand Hotel Royal Budapest, Hungary

DATE: 27-28 February 2013

Name (Mr./Ms/Dr/Prof.):

PLEASE COMPLETE THIS FORM AND FAX BACK TO:

Delegate Relations: Fax No.: +36 1 219-5726 Or scan and send to: marketing@tegevents.eu

(Please note: the registration is only valid if both pages are filled and sent)

Registration Details (Please print clearly)



Please make sure you visit our password protected scheduler website to choose your presentations and create your personal schedule. The link and password will be sent out two weeks before the event.

Please note that changes in the programme might be possible. Please sign below to confirm your registration at the PHARM Connect Congress and fax your completed form to +36 1 219-5726-or scan and email to marketing@tegevents.eu

Position: Organisation: Website: Address: City:

Country/Postcode:

Telephone:

Email of Assistant:

Name of Assistant:

Mobile:

Email Address:

Delegate package includes:

- 1. COMPLIMENTARY access to 4 PRESENTATIONS PER DAY
- 2. COMPLIMENTARY access to the CONGRESS FLOOR
- 3. COMPLIMENTARY 5 meetings with SOLUTION PROVIDERS
- 4. COMPLIMENTARY copy of the EVENT CATALOGUE
- 5. DOWNLOAD of presentation after the event
- 6. COMPLIMENTARY COCKTAIL RECEPTION PASS
- 7. COMPLIMENTARY SEATED LUNCH
- 8. Discounted room rates at the CORINTHIA GRAND HOTEL ROYAL if booked via TEG
- 9. COMPLIMENTARY access to the PLANT EXCURSION











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Others:

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Fax No. +36 1 219-5726		
	w did you hear about the PHARM Connect	Congress 2013?
	Email newsletter	
	Direct contact from our organisation	
	Contact from a vendor	(Please Specify)
	Contact from a colleague	
	Others	(Please Specify)
2. Ple	ase list your primary business activity:	
	Manufacturer	
	Distributor	
	Wholesaler	
	Other	(Please Specify)
3. Sco	ope of responsibility:	
	Local	
	Central Eastern Europe	
	Europe	
	Global	
	Other:	
4. Buc	lget power:	
Duu	100.000 - 1.000.000 Euros	
	1.000.000 - 5.000.000 Euros	
_	5.000.000 + Euros	
5. Wha	at is your role in the purchasing decisions fo	r your organisation?
	Decision Maker	
	Influence	
	Report to	



- П None
- 6. Who do you report to (name & job title)?

Sterile Supplies Laboratory Equipment Laboratory & Analytical Technology Outsourcing Packaging Machinery & Equipment Packaging Materials & Labels, Please Specify: **Clean Rooms & Accessories** Plant Engineering & Maintenance Flooring & Bonding IT for the Pharmaceutical Industry Cold Chain Storage & Distribution Pharmaceutical Storage & Warehousing Pharmaceutical Distribution & Logistics Pharmaceutical Consultancy **Brand Protection** Auto ID & Mobility Solutions

9. Which suppliers/service providers would you like to see represented at the event?

10. Which suppliers/service providers do you currently work together with?

11. Which other decision makers or colleagues should we also invite?

12. How are you hoping to benefit from attending PHARM Connect 2013? 2.

All information provided is used solely for the purpose of organising this event.

Cancellation policy: Should you cancel your booking, please notify us by e-mail. Please note, cancellations are subject to a cancellation fee. For cancellations prior to January 31st, 2013 250 Euros will be charged. For cancellations beyond January 31st, 2013 500 Euros will be charged. Cancellation fee will not apply subject to a replacement within a similar decision-making role.

7. What are your 3 key priorities for the next 6 to 18 months?

8. What products or services are you planning to purchase in the next 6 to 18 months?

- Pharmaceutical Ingredients
- Custom/ Contract Manufacturing
- П **Drug Delivery Systems**
- Processing Machinery & Components п
- **Process Automation**





Date



Signature

DELEGATE Registration Form