

“*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 2015

VENUE: CORINTHIA Grand Hotel Royal Budapest, Hungary

DATE: 25-26 February 2015

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)



**PHARM**  
connect  
congress

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



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

Position:

Organisation:

Website:

Address:

City:

Country/Postcode:

Telephone:

Mobile:

Email Address:

Name of Assistant:

Email of Assistant:

### 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

**DELEGATE Registration Form**

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To confirm your participation at this event please complete, sign, stamp and return with your signed registration to TEG Events congresses

**Fax No. +36 1 219-5726**

**1. How did you hear about the PHARM Connect Congress 2015?**

- Email newsletter
- Direct contact from our organisation
- Contact from a vendor \_\_\_\_\_ (Please Specify)
- Contact from a colleague
- Others \_\_\_\_\_ (Please Specify)

**2. Please list your primary business activity:**

- Manufacturer ( Pharma,  Biotech,  Cosmetics,  Veterinary)
- Distributor ( Pharma,  Biotech,  Cosmetics,  Veterinary)
- Wholesaler ( Pharma,  Biotech,  Cosmetics,  Veterinary)
- Other \_\_\_\_\_ (Please Specify)

**3. Scope of responsibility:**

- Local
- Central Eastern Europe
- Europe
- EMEA
- Global
- Other: \_\_\_\_\_

**4. Budget power:**

- 100.000 - 1.000.000 Euros
- 1.000.000 - 5.000.000 Euros
- 5.000.000+ Euros

**5. What is your role in the purchasing decisions for your organisation?**

- Decision Maker
- Influence
- Report to
- None

**6. Who do you report to (name & job title)?**

\_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

- Pharmaceutical Ingredients
- Custom/ Contract Manufacturing
- Drug Delivery Systems
- Processing Machinery & Components

- Process Automation
- Quality Control & Monitoring Systems
- Sterile Supplies
- Solutions for Biopharmaceuticals & Biologicals
- Laboratory Equipment
- Laboratory & Analytical Technology
- Outsourcing
- Packaging Machinery & Equipment
- Packaging
  - glass, ampoules, vials, tubulars
  - plastics
  - carton / paper
- Printing & Labeling
- Clean Rooms & Accessories
- Plant Engineering & Maintenance
- Flooring & Bonding
- IT for the Pharmaceutical Industry
- Cold Chain Storage & Distribution
- Freight Transport & Logistics Services
  - air
  - road
- Courier, Express, Parcel
- Pharmaceutical Storage, Warehousing, Distribution
- Pharmaceutical Consultancy
- Brand Protection
- Auto ID & Mobility Solutions
- Others: \_\_\_\_\_

**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 2015?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_ Authorising Signature & Stamp

**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 31<sup>st</sup>, 2015 250 Euros will be charged. For cancellations beyond January 31<sup>st</sup>, 2015 500 Euros will be charged. Cancellation fee will not apply subject to a replacement within a similar decision-making role.

