

Annual **Pharmaceutical Manufacturing** Congress for Enlarged Europe

25-26 February 2015 CORINTHIA GRAND HOTEL ROYAL Budapest, Hungary

Delegate Registration Form

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 out, signed and stamped)

Registration Details (Please print clearly)

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

Telephone:

Position:

Mobile:

Organisation:

Email Address:

Website:

Name of Personal Assistant:

Address:

Email of Personal Assistant:

City:

Country/Postcode:

Delegate package includes:

- 1.COMPLIMENTARY access to 4 PRESENTATIONS PER DAY
- 2.COMPLIMENTARY access to the CONGRESS FLOOR
- 3.COMPLIMENTARY meetings with solution providers
- 4.COMPLIMENTARY copy of the EVENT CATALOGUE

- 5.DOWNLOAD of presentations after the event
- 6.COMPLIMENTARY access to the COCKTAIL RECEPTION
- 7.COMPLIMENTARY seated buffet LUNCH
- 8.COMPLIMENTARY access to the PLANT EXCURSION
- 9.DISCOUNTED ROOM RATES at the Corinthia Grand Hotel Royal if booked via TEG

DELEGATE REGISTRATION



1. How did you hear about the PHARM Connect Congress?
 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 (Please Specify) _____

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

Vacuum Cleaners & High Pressure Washers

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

Other _____

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. _____

Cancellation policy:
 By signing this registration form, the parties explicitly confirm their agreement with the terms and conditions as detailed below.
 Should you cancel your booking please notify us by e-mail. Please note that cancellation is subject to a cancellation fee. For cancellation on or prior to January 31st 250 EUR will be charged. For cancellations beyond January 31st 500 EUR will be charged. In case of non-attendance, it shall qualify as cancellation; therefore, the cancellation policy shall also be applicable. Cancellation fee will not apply subject to a replacement within a similar decision making role.
 By signing the present registration form, I as the authorised representative of the delegate company, hereby declare that TEG informed and enabled me to get know the content of the general terms and conditions set forth above and I have read and completely understood the whole content of this registration form.

 Authorising Signature & Stamp (On Behalf of the Client) Date

 Authorising Signature & Stamp (On Behalf of TEG) Date

Hotel booking form



Hotel Booking Form

*****CORINTHIA Grand Hotel Royal Budapest
Erzsébet körút 43-49, Budapest 1073, Hungary

The rates are quoted in Euro, plus VAT and include buffet breakfast, which is served in the Brasserie restaurant between 06:30 – 10:30.
Further the rates include access to the Royal Spa, discounts on spa treatments and complimentary wired and wireless internet in the bedrooms.

Superior room for single occupancy: 155 Euro/ night (+VAT)
Superior room for double occupancy: 185 Euro/ night (+VAT)
Check-in time: 03.00 p.m.
Check-out time: 10.00 a.m.

1) RESERVATION FORM:

Name	Passport / ID Number*	Date of birth*	Arrival date	Check-out Date	Single or Double Room	Total (+VAT)
Total:						

* requested according to Hungarian law

2) PAYMENT OPTIONS:

Please select- send an invoice to:

- the company address
- to my personal address

Company / personal name:

VAT number:

Address:

Credit Card Type: Visa Mastercard Diners Eurocard

Please charge my credit card

Card Number:

Full Name (as appears on the card):

Valid From: / (If shown) Expiry Date: / CVV Number:

Authorising Signature & Stamp

Date

TEG will send the invoice shortly after receiving the signed reservation form. The invoice for the total final cost is payable within 5 days upon receipt. Please note, in case of cancellation, full cost will be payable. You may amend the participants without additional charge.

