



REGISTRATION INFORMATION:

Prefix (Mr., Mrs., Ms., Dr.) _____

*First Name _____

Middle Name/Initial _____

*Last Name _____

Credential (Ph.D, MD, Esq) _____

*Title _____

*Organization _____

*Address _____

Suite # _____

*City _____

*State/Province _____

*Zip/Postal Code _____

*Country _____

*Phone Type: (H) Home, (B) Business, (C) Cell _____

*Phone _____

Extension _____

Fax _____

*E-mail Address of Registrant _____

E-mail Address of Assistant _____

**Required fields. E-mail or fax number required to receive confirmation.*

REGISTRATION FEES: By September 29, 2009 After September 29, 2009

Research & Development

- | | | |
|-------------------------------------|------------|------------|
| <input type="checkbox"/> BIO Member | US \$1,295 | US \$1,595 |
| <input type="checkbox"/> Non-Member | US \$1,995 | US \$2,495 |

Service Providers

- | | | |
|-------------------------------------|------------|------------|
| <input type="checkbox"/> BIO Member | US \$2,995 | US \$3,995 |
| <input type="checkbox"/> Non-Member | US \$3,995 | US \$4,995 |

Total: US\$ _____ US\$ _____

Registration fee includes access to all sessions, breakfast, lunches and receptions. Additional fees are required for company presentations.

Please Note: After registering the first individual at the full conference rate, your company is eligible for the additional attendee rate. Please send an e-mail to BD_Registration@bio.org to request a unique registration code number for each additional individual from your company. BIO will e-mail a unique registration code number for each additional individual to register on the Web form only.

PAYMENT INFORMATION:

Enclosed is Check # _____ in the amount of US\$ _____

Payable to: BIO. (Please enclose copy of registration form and reference registrant's name on check stub).

Mail completed registration form with check payment to: BIO, c/o Citibank, P.O. Box 7247-6528, Philadelphia, PA 19170-6528

CUSTOMER SERVICE:

Contact Business Development Registration

Email: BD_Registration@bio.org

US & Canada Toll Free: (866) 356-5155 Tel: +1 (202) 962-6666

Customer Service Hours: 8:30 am – 5:00 pm Eastern Time, Monday-Friday.

SPECIAL REQUEST:

Mobile Disability _____ (Please Specify)

Audio Disability _____ (Please Specify)

Other: _____ (Please Specify)

REGISTRATION POLICY:

- **Cancellation:** Cancellation requests must be submitted in writing on or before **September 29, 2009 (5:00 pm Central Time)** to receive a refund. A \$395 administrative fee will be deducted from all cancellations received on or before **September 29, 2009. Cancellation requests received after September 29, 2009, will NOT be honored.** Email cancellations requests to BD_Registration@bio.org.
- **Substitutions, Name Changes:** You may make changes to your record or transfer your registration to another individual by clicking on the URL link provided in your confirmation email. This feature is available up until your name badge is printed on-site.
- A government-issued photo ID (driver's license or passport) is required at check-in. Badges will not be issued without proper identification.
- Your company must be a BIO member in good standing on or before **October 29, 2009**, to receive the BIO member rate.

Registration Category:

Research & Development Companies

Corporations or other entities that use biotechnology or related technologies for research and development of products or information.

Service Providers

Corporations or other entities that provide services or products to companies. Service providers include investment and merchant bankers and representatives of law, accounting, consulting, real estate development, and economic development organizations.

First Name: _____ Last Name: _____ Company: _____

Section 7 - Title (Attendee)

(Please choose all that apply)

- 200 ___ Board Chair
- 201 ___ Board Director
- 202 ___ President
- 203 ___ Chief Executive Officer
- 204 ___ Chief Business Officer
- 205 ___ Chief Financial Officer
- 206 ___ Chief Information Officer
- 207 ___ Chief Medical Officer
- 208 ___ Chief Operating Officer
- 209 ___ Chief Technology Officer
- 210 ___ Chief Scientific Officer
- 211 ___ Principal
- 212 ___ Partner
- 213 ___ Associate
- 214 ___ Senior Vice President
- 215 ___ Exec Vice President
- 216 ___ Vice President
- 217 ___ Managing Director
- 218 ___ Director - all levels
- 219 ___ Manager - all levels
- 220 ___ Coordinator
- 221 ___ Assistant
- 222 ___ Other: Please Specify

Section 8 - Functional Areas

(Please choose all that apply)

- 300 ___ Academic
- 302 ___ Board of Directors
- 303 ___ Business Development
- 306 ___ Executive
- 307 ___ Finance
- 308 ___ Government Relations
- 310 ___ Investor Relations/Communications
- 311 ___ Legal
- 312 ___ Manufacturing
- 313 ___ Sales/Marketing
- 314 ___ Operations
- 315 ___ Research & Development
- 316 ___ Regulatory
- 318 ___ Administration/Other