

## Registration Form

# Quality System Requirements for Medical Device Manufacturers In vitro diagnostica

2 Day Course on November 3 and 4, 2010

Multiplate group Headquarters  
Reichenbachstraße 27, DE- 80469 Munich

Please complete all the fields that apply:

First and Last name: \_\_\_\_\_ Mr. / Mrs.  
Company: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip code, City: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Likes to subscribe for:  Both days  First day (3 Nov)  Second day (4 Nov)

Following information helps our referees to do an adaptation on the educational level of the training if necessary.

I am involved in QM in my company since .....years. ....I have no experience at all.

I am involved in Regulatory Affairs in my company since.....years. ....I have no experience at all.

Special interest in .....

**Registration Fee is 1.000 Euro** per participant including: Training fee, training documentation, additional training material for download on USB stick, coffee breaks and lunch, training certificate for your training records. In case that more persons from one organization attend the course, a reduced fee of 25% (=750 Euro) is granted for the 2nd to 4th participant.

If you choose just to register for one day training, the fee is **550 Euro** with a reduced fee of 412 Euro for 2nd to 4th participant from the same organization.

**Payment by invoice** Company: \_\_\_\_\_  
Invoice address: \_\_\_\_\_  
VAT number: \_\_\_\_\_

Directly after you sent the registration form you will get an invoice. Payment must be done November 1st, 2010 at the latest.

### Cancellation

You may cancel your registration per email or letter before October 21, 2010 (without any penalty). Cancellations received between this date and **November 1, 2010** are subject to 150 Euro Administration fee. Cancellations received after November 1, 2010 are subject to the total seminar fee. Participants can be replaced by a colleague without any extra charges. KEMA Quality may cancel this training seminar due to lack of interest. You will receive a confirmation after receiving your registration.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Only signed registration forms will be handled.**

**Please return this form as soon as possible to:**

KEMA Quality B.V., Business Line Medical, Utrechtseweg 310, Building H31, 6812 AR Arnhem, the Netherlands  
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