

# 4<sup>rd</sup> China Outcomes Research and Evidence Based Medicine Summit

April 10-12, 2014

Shanghai International Convention Center

2727 Riverside Avenue Pudong, Shanghai, China 200120

## Group Registration Form

### How to register:

1. You may register online by visiting the CORE SUMMIT website at [www.CORESUMMIT.org](http://www.CORESUMMIT.org)
2. You may fill out this REGISTRATION FORM and fax, scan & email, or mail it to:

CORE SUMMIT COORDINATING CENTER, SHANGHAI OFFICE  
445 Jiangning Road Suite 16 D, Shanghai, China 200041  
Tel: +86 21 6271 5538 Fax: +86 21 6271 5668  
[registration@coresummit.org](mailto:registration@coresummit.org)

CORE SUMMIT COORDINATING CENTER, US OFFICE  
1055 Westlakes Dr. Berwyn, PA USA 19312  
Tel: +01 610 727 4550 Fax: +01 610 727 4001  
[registration@coresummit.org](mailto:registration@coresummit.org)

Company name:	<input type="checkbox"/> Chinese company <input type="checkbox"/> Foreign company
Postal address:	Type of company: <input type="checkbox"/> Enterprise (Pharmaceutical, medical device, biotechnology, social security) <input type="checkbox"/> Non-enterprise (Academic, clinical research organizations, students) <input type="checkbox"/> Member of CMDA (doctors) or government staff <input type="checkbox"/> Partners (need to provide promotional program of cooperation)
<b>Please provide information of each registered personnel:</b>	
Name:	Gender:
Email address:	Cell phone:
Fixed-line telephone:	Fax number:
Occupation: <input type="checkbox"/> Doctor/nurse/healthcare <input type="checkbox"/> Academic researcher <input type="checkbox"/> Clinical research/medical affairs <input type="checkbox"/> Outcomes research/economists <input type="checkbox"/> Business/marketing/finance <input type="checkbox"/> Journalist/writer <input type="checkbox"/> Government official/administrative staff/lawyer <input type="checkbox"/> Student	<input type="checkbox"/> Workshops (Please choose one) <input type="radio"/> Observational study design and methodology <input type="radio"/> Health economic – from concept to interpretation <input type="radio"/> eHealth – collection of real world data
Name:	Gender:
Email address:	Cell phone:
Fixed-line telephone:	Fax number:
Occupation: <input type="checkbox"/> Doctor/nurse/healthcare <input type="checkbox"/> Academic researcher <input type="checkbox"/> Clinical research/medical affairs <input type="checkbox"/> Outcomes research/economists <input type="checkbox"/> Business/marketing/finance <input type="checkbox"/> Journalist/writer <input type="checkbox"/> Government official/administrative staff/lawyer <input type="checkbox"/> Student	<input type="checkbox"/> Workshops (Please choose one) <input type="radio"/> Observational study design and methodology <input type="radio"/> Health economic – from concept to interpretation <input type="radio"/> eHealth – collection of real world data
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<input type="checkbox"/> Conference registration	Registration fee per person: _____ (US\$)
	Number of people registered: _____ (people)
	Total registration fee: _____ (US\$)
 <input type="checkbox"/> Workshop registration	Registration fee per person: _____ (US\$)
	Number of people registered: _____ (people)
	Total registration fee: _____ (US\$)
 <input type="checkbox"/> Lunch ticket (April 11 &12, 2014)	# of lunch ticket _____ x \$ 40: _____ (US\$)
<input type="checkbox"/> Speaker presentation USB	# of USB _____ x \$ 100 _____ (US\$)
	Total fee: _____ (US\$)

**Payment method:**  Credit card  Bank transfer  Cash **Registration is not completed unless successful payment.**

**Credit Card Information:**  Visa  Master Card  American Express  
 Name of Cardholder \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

**Bank Transfer Information:**  
 Account Name: Shanghai VitalStrategic Research Institute  
 Bank Name: ICBC Xin Hua Branch  
 Bank Account: 1001216809005505259

**Cancellation Rules:**

Cancellation made in writing before December 31, 2013, full-payment may be refunded with a processing fee of \$150 (USD) (or 950 RMB). Cancellation made after December 31, 20123 before January 31, 2014, 50% of the full-payment will be refunded with a processing fee of \$150 (USD) (or 950 RMB). Cancellation made after January 31, 2014 but before March 14, 2014, 25% of the full-payment will be refunded with a processing fee of \$150 (USD) (or 950 RMB). Cancellation made after March 14, 2014, no refund will be made.

**Registration Fee Schedule:**

Delegate	Early Registration (USD) (RMB) By Jan 31, 2014	Pre-Registration (USD) (RMB) By March 14, 2014	On-site Registration (USD) (RMB) By April 10, 2014
<b>WORKSHOP (3 Simultaneous Workshops)</b>			
Pre-Conference Workshop (Only)	395 (2500)	495 (3200)	595 (3800)
Workshop (Conference Registrant)	195 (1200)	295 (1900)	395 (2500)
<b>INDIVIDUAL (2-Day Conference)</b>			
Industry (Outside China)	1295 (8100)	1495 (9300)	1695 (11000)
Industry (China)	1095 (6800)	1295 (8100)	1495 (9300)
Academic (Outside China)	995 (6300)	1195 (7500)	1395 (8700)
Academic (China)	795 (5000)	895 (5600)	995 (6200)
CMDA member/Government	595 (3800)	695 (4400)	795 (5000)
<b>GROUP (4 OR MORE)</b>			

	All registration types	20% of respective rate	20% of respective rate	20% of respective rate	
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**Contact Information:**

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In China:

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[coresummit@vitalstrategic.com](mailto:coresummit@vitalstrategic.com), or [registration@coresummit.org](mailto:registration@coresummit.org)

In US:

CORE SUMMIT COORDINATING CENTER

1055 Westlakes Dr. Suite 300, Berwyn, PA 19312

Tel: +01 610 727 4550, Fax: +01 610 727 4001

[coresummit@vitalstrategic.com](mailto:coresummit@vitalstrategic.com), <mailto:registration@coresummit.org>

For updated information about CORE SUMMIT, please visit [www.CORESMMIT.org](http://www.CORESMMIT.org)