

ICH Training

TRAINING PROGRAM: [ICH-Q8-11](#)

TRAINING DATES: **July 18-19, 2019**

*First Name, Middle Initial, Last Name:

(as it appears on your government issued picture ID or Passport)

*Organization/School/Company Affiliation:

Department:

Job Title:

*Address:

*City:

*State/Province:

*Country:

*Zip/Postal Code:

*Country or countries of citizenship:

*Country of birth:

*Date of birth:

*Primary Phone:

Secondary Phone:

*E-mail:

Fax:

*Describe your intended use of knowledge obtained from training and if you require any customization:

*Payer's name if different from the registrant:

*Payer's institution if different from registrant:

*Is it a U.S. Credit Card? If not, Country of Issuance:

Please proceed to <https://commerce.cashnet.com/SFNUBATL> (\$250 USD/person) to submit payment and complete your registration!

Please list any special accommodations in the appropriate field. (ADA Accommodations, Visual, Mobility, Hearing, Dietary, Allergies, Other)

Special Accommodations:

Dietary/Allergy Restrictions:

By sending this information to Northeastern University you are acknowledging that it is true, accurate and complete in all respects. **Completed forms should be sent to BATL@northeastern.edu**

Note: Refunds/Cancellations will only be accepted up to two weeks prior to the training program, cancellation must be received and confirmed via e-mail; after two weeks, the registration fee will not be refunded, but the registration may be credited towards another training program.

All travel, accommodation, visa arrangements and costs are the responsibility of the training program participant.

The organizers reserve the right to alter the training program without any notice and to refuse any registration.