



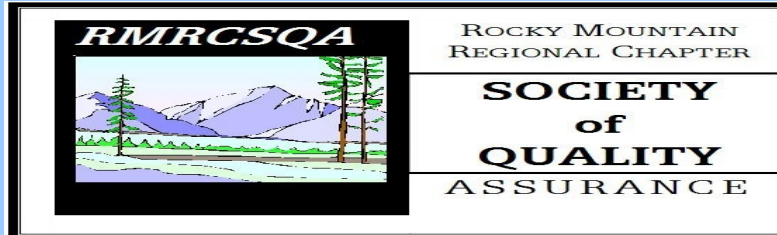
## PRELIMINARY ANNOUNCEMENT

### 2008 Regulatory Hot Topics From Critter to Human

**AUGUST 14-15, 2008  
ALBUQUERQUE, NEW MEXICO**



#### SPONSORED BY:



#### Speakers and Topics Will Include

**DR. JENNIFER MATYSCZAK, VMD, FDA/CVM**, Office of New Animal Drug Evaluation, Topic to be Announced

**MELISSA PONG**, Norton Audits, Inc, Clinical Evening Session: "Securing Compliance in Clinical Research"

**DR. JAMES SWEARENGEN**, Senior Director of AAALAC, Topic to be Announced

**MELISSA EITZEN**, University of Texas Medical Branch Hospital, "Defining GLP-Like" as a Quality System

**MARYELLEN LANDER** – Falcon Consulting Group "Guidance for Industry: Protection, the Rights, Safety and Welfare of Study Subjects – Supervisory Responsibilities of Investigators"

**DR. JULIE WILDER**, Senior Scientist, Lovelace Respiratory Research Institute; "Bioanalytical Methods Validation"

**STEPHANIE M. TAULBEE** – Director of Quality Lovelace Respiratory Research Institute, Topic to be Announced

**NORTON AUDITS INC IS OFFERING CLINICAL RESEARCH CEUs TO ATTENDEES IF NEEDED. OTHER PROFESSIONALS WILL RECEIVE TRAINING CERTIFICATES WITH CONTACT HOURS TO MEET OTHER CERTIFICATION REQUIREMENTS.**

#### WHO SHOULD ATTEND

- Study directors and study participants
  - Clinical research personnel
    - Quality assurance personnel
      - Facility management
      - GXP Analytical management and personnel

#### BENEFITS OF ATTENDING

- Current topics
  - Practical solutions
    - Network among colleagues
    - Reasonable rates
      - Appropriate training for all levels
        - Discount for members and early registration

## TRAINING PROGRAM INFORMATION

### 2008 Regulatory Hot Topics From Critter to Human

## TOPICS AND SCHEDULE

**Register for entire meeting or evening clinical session only**

### Thursday, Aug 14, 2008

*Includes continental breakfast, breaks  
and lunch*

**8:00 am – 12:00 pm**

- FDA Speaker
- AAALAC Speaker

**1:30 pm – 3:00 pm**

- FDA / AAALAC Panel Discussion

**4:00 pm – 9:00 pm**

*Includes dinner*

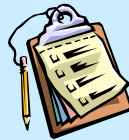
- Three Hour Norton Audits Clinical Session

### Friday, Aug 15, 2007

*Includes continental breakfast and  
break with refreshments*

**8:00 am - 12:00 pm**

- Scheduled Speaker
- Scheduled Speaker
- Scheduled Speaker



## LOCATION OF TRAINING

Lovelace Respiratory Research Institute  
2425 Ridgecrest Dr SE  
Albuquerque, New Mexico

## SUGGESTED ACCOMMODATIONS

### Courtyard By Marriott

1920 Yale Blvd SE  
Albuquerque, NM  
1-(800)-321-2211

**Group Name: Lovelace Respiratory Research Institute**

A block of rooms have been reserved at \$89/night. **Reservations are needed by July 28<sup>th</sup>, 2008.** The hotel is located close to the airport approximately 5 miles from LRRI. A shuttle or van may be available to attendees from hotel to LRRI.

## CONTACT INFORMATION

Stephanie Taulbee  
(505) 348-9533  
[staulbee@lrri.org](mailto:staulbee@lrri.org)

## REGISTRATION POLICIES

Cancellation requests must be received in writing by **6 August 2008** for a 75% refund, or you may send a substitute in your place.

We will send registration confirmation, a map to LRRI, and additional information after receiving your paid registration.

### Please include the following with your registration:

- completed registration form
- Regulatory Hot Topics form
- membership application (if joining RMRCSQA)
- RMRCSQA training discount coupons
- payment information

To receive the early registration discount, your registration must be postmarked or faxed by **1 August 2008.**

# RMRCSQA REGISTRATION FORM

2008 Regulatory Hot Topics  
From Critter to Human  
August 14-15, 2008 Albuquerque, New Mexico

**SPONSORED BY: THE ROCKY MOUNTAIN REGIONAL CHAPTER SOCIETY OF QUALITY ASSURANCE**

Name preferred on name badge: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you currently a member of a regional chapter of the Society of Quality Assurance? (check all that apply)

Canadian  Mid-Atlantic  Midwest  National Capital Area  
 New England  North Carolina  Pacific  Rocky Mountain

## REGISTRATION FEES

	Member rates		Nonmember rates		
	By Aug1	after Aug 1	by Aug 1	after Aug1	

### **Choose one option:**

Member rates apply to SQA members or members of a regional chapter of the Society of Quality Assurance. Membership will be confirmed.

<input type="checkbox"/> <b>Entire Meeting Including Evening Clinical Session</b>	\$125	\$150	\$150	\$175	\$ _____
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- Thursday August 14, 2008
- Friday August 15, 2008 (1/2 day)

<input type="checkbox"/> <b>Evening Clinical Session Only</b>	\$125	\$125	\$125	\$125	\$ _____
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- Thursday August 14, 2008

### **Take advantage of the member rates when you join our chapter now !**

<input type="checkbox"/> <b>I would like to become a member of RMRCSQA</b>			\$ 25	\$ 25	\$ _____
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**PLEASE COMPLETE THE ATTACHED MEMBERSHIP APPLICATION AND RETURN IT WITH YOUR REGISTRATION**

<b>Have you received the RMRCSQA scholarship or any training discount coupons?</b>	- \$ _____
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If you have, you may attach them to this registration as partial payment and deduct the amounts from the total.  
You may use more than one coupon.

**Total registration fees enclosed: \$ \_\_\_\_\_**

### **METHOD OF PAYMENT:**

**Enclosed is my check made payable to RMRCSQA.**

Remittance must be made in US dollars. A \$10.00 surcharge may be assessed to cover any returned checks.

**Charge to the following credit card (circle one):** MasterCard    VISA    AMEX

Card Number: \_\_\_\_\_ Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(3 or 4 digit code located on back of card)

Cardholder Signature: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder E-mail Address: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

### **Mail or Fax registration to:**

**RMRCSQA**  
2365 Hunters Way  
Charlottesville, VA 22911 USA  
Tel: 434.297.4772  
Fax: 434.977.1856  
rmrcsq@sqa.org

**Space is limited, register today!**  
To receive the early discount, your registration must be postmarked or faxed by **1 August 2008.**

**2008 Regulatory Hot Topics:**

**From Critter to Human**

August 14-15, 2008

Albuquerque, NM

**Do you have a specific situation or question you would like to ask? Here's your chance.....please be as specific as possible. Return this form with your registration. Include additional sheets as needed.**

**Is this question for a specific speaker?**

- no specific speaker     FDA speaker     AAALAC Speaker     Other

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**Is this question for a specific speaker?**

- no specific speaker     (FDA)     (AAALAC)     Other

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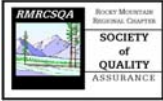
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**Optional:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# RMRCSSQA MEMBERSHIP APPLICATION

( ) New membership - Did a RMRCSSQA member refer you? Member's name: \_\_\_\_\_

( ) New member joining in conjunction with a RMRCSSQA training session (attach this application to the registration form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you interested in serving on a RMRCSSQA committee?

(Circle committees): Education/Mentoring Membership Newsletter Web page Poster Scholarship

Are you interested in information about an elected position in the Chapter?

(Circle position): Vice President/President/Past-Pres. (3 yrs) Treasurer (2 yrs) Secretary (2 yrs) Director (2 yrs)

Are you a Registered Quality Assurance Professional (RQAP-GLP)? \_\_\_\_\_ No \_\_\_\_\_ Yes (year obtained) \_\_\_\_\_

Are you a Society of Quality Assurance member? \_\_\_\_\_ No \_\_\_\_\_ Yes - (list years) \_\_\_\_\_

Are you a member of any other regional SQA chapters?

(Check all that apply):  Canadian  Mid-Atlantic  Midwest  National Capital Area  
 New England  N. Carolina  Pacific  Southern

***This information is optional.***

How would you classify your company? (check all that apply)

- ( ) Chemical ( ) Local, State, or Federal Government ( ) Research & Develop.
- ( ) Contract facility ( ) Manufacturing ( ) University
- ( ) Consultant ( ) Pharmaceutical ( ) Other \_\_\_\_\_

Regulatory Agency (check all that apply):

- ( ) EPA ( ) FDA ( ) FDA-CVM ( ) USDA ( ) Other \_\_\_\_\_

Regulations you work with: (check all that apply)

- ( ) GCP ( ) GLP ( ) GMP ( ) Other \_\_\_\_\_
- ( ) FIFRA ( ) TSCA ( ) OECD ( ) Other \_\_\_\_\_

\$25.00 - Membership Dues Please include this form with your payment. **First time members get \$5 off!**  
\$5.00 of the \$25.00 membership dues are dedicated to the RMRCSSQA General Scholarship Fund. Please consider donating additional funds for this or another fund of your designation:

- \$ \_\_\_\_\_ General Scholarship Fund
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL PAYMENT ENCLOSED

**Mail to:** RMRCSSQA  
2365 Hunters Way  
Charlottesville, VA 22911 USA  
Tel: 434.297.4772  
Fax: 434.977.1856

Make checks payable to:  
**RMRCSSQA**

**METHOD OF PAYMENT:**

Enclosed is my check made payable to RMRCSSQA.  
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Charge to the following credit card (circle one): MasterCard VISA AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name as it Appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_