

Pfizer/ASA/Columbia University Symposium on Risks and Opportunities of AI in Clinical Drug Development

May 18, 2020 • Columbia University, New York, NY

INSTRUCTIONS

1. Print/type all information & retain a copy for your records.
2. Use a separate form for each registrant.
3. Purchase orders will not be accepted. ASA Federal ID# 53-0204661.
4. Mail form(s) with payment to AIPM Registration, c/o ASA, 732 N. Washington St., Alexandria, VA 22314, USA **OR** Fax form (credit card only) to (703) 684-2037.
5. Forms Received Without Payment Will Not Be Processed.

ATTENDEE INFORMATION

ASA ID # (if known)

Name

Preferred Name for Badge (if other than First Name)

Organization

Address

City State/Province ZIP/Postal Code

Country (non-U.S.)

Phone

Email

CANCELLATION POLICY

Cancellations received by April 15, 2020, incur a \$25 cancellation fee. Cancellations received after April 15 will not be refunded. All cancellations must be made in writing to ASAInfo@amstat.org, via fax to (703) 684-2037, or mailed AIPM Registration, 732 N. Washington Street, Alexandria, VA 22314.

CONDUCT POLICY

Meeting attendance constitutes an agreement to abide by the ASA Activities Conduct Policy found at www.amstat.org/conductpolicy.

DISCLAIMER AND WAIVER

The American Statistical Association (ASA) intends to take photographs and video of this event for use in ASA news and promotional material, in print, electronic, and other media, including the ASA website. By participating in this event, you grant the ASA the right to use any image, photograph, voice or likeness, without limitation, in its promotional materials and publicity efforts without compensation. All media become the property of the ASA. Media may be displayed, distributed, or used by the ASA for any purpose.

REGISTRATION FEES

Registration is all-inclusive. Breakfast and lunch will be served.

- Regular \$150 \$ _____
 Student \$ 0 \$ _____

TOTAL FEES: \$ _____

Meal Preference

- Regular Vegetarian Vegan Kosher
 No Dairy/Lactose-Free Gluten-Free

This meeting is ADA accessible. Please check here if you need services due to a disability and attach a statement regarding your needs.

Check here if you would like your ASA customer contact information updated with your meeting contact information.

In case of emergency, list the name and phone number of the person we should contact (remains confidential).

PAYMENT

Check/money order payable to the **American Statistical Association** (in U.S. dollars on U.S. bank)

Credit Card Amex Discover MasterCard Visa

Card Number

Expiration Date

Security Code

Name of Cardholder

Authorizing Signature

Registration by PDF form ends on May 15, 2020.