



ISPE®

New Jersey
Chapter

Celebrating 30 Years



CONSTRUCTION ROUNDTABLE OF NEW JERSEY
February 9, 2017 JOINT CRTNJ/ISPE MEETING REGISTRATION

LOCATION:

SANOFI 

55 CORPORATE DRIVE, BRIDGEWATER, NJ 08807

(PARKING & SITE MAP ATTACHED)

5:00 P.M. – 6:00 P.M.: Registration and Networking, Includes Appetizers and Refreshments

6:00 P.M. – 8:00 P.M.: Presentation and Discussion

TOPIC:

Overview of the Facility of the Year – Equipment Innovation Category Winner

PROGRAM DESCRIPTION:

PCMM Manufacturing

Portable, Continuous, Miniature and Modular

A unique collaboration between Pfizer, GEA, and G-CON to transform oral solid dosage manufacturing

Join us for this lively and informative educational and networking event.

PCMM is a platform technology utilized in product development and commercial manufacture; a key innovative advantage in being able to use the same equipment throughout the entire product life cycle.

SPEAKERS:

Valentin Tarasenko, Pfizer, Director, Global Engineering-Process Engineering and Analytics

Fred Furman, Pfizer, Director, Global Engineering – Capital Project Management

Jeffrey Moriarty, Pfizer, Principal Scientist, Drug Product Design

Registration- Sanofi US – February 9, 2017 - ATTENDANCE IS LIMITED TO THE FIRST 180 REGISTRANTS

- CRTNJ Members:** No Charge. No form required. Simply respond via e-mail to: pathering@associationsoffice.com
- CRTNJ Additional MEMBER Representatives:** \$100.00 per person (please fill out form)
- CRTNJ Non-Members and Guests:** \$100.00 per person (please fill out form)
Non-Members and Guests: Join the CRTNJ within 30 days and receive \$100 off Dues.
- "ISPE Members ONLY:** Go to ISPE Website to Register at: <https://www.eventbrite.com/e/ispe-nj-foya-event-tickets-30091165486>

Name(s): _____

Company: _____

Address: _____

Phone: _____ E-Mail: _____

_____ Enclosed is check payable to CRTNJ in the amount of \$ _____

Please complete for credit card payment (FOR CRTNJ ONLY):

Charge Attendance Fee to: Amex _____ MasterCard _____ Visa _____ Discover _____

Card #: _____ Exp. Date: _____

Amount: _____ Billing Zip Code: _____

Cardholder Name: (Please Print) _____

Signature: _____

Security Code on Card#: _____ Address of Cardholder: _____

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