SOCRA®
FOR CLINICAL RESEARCH EXCELLENCE

Clinical Research Project / Program Management Conference

October 18 and 19, 2018 *(Thursday and Friday)* | Las Vegas, NV

March 28 and 29, 2019 *(Thursday and Friday)* | Lake Buena Vista, FL

* Please see www.socra.org for hotel and registration information

Dr. _____ Mr. _____ Ms. _____

First Name _____ Middle Initial _____ Last Name _____

Degrees _____ Certifications _____

Title _____

Company / affiliation _____

Preferred mailing address (check one) : _____ Office _____ Residence

Address _____

City _____ State/Postal area _____

ZIP/Postal code _____ Country _____

Phone _____ Alt. Phone _____

Fax _____ E-mail _____

Check one to register:		MEMBER	NON MEMBER	AMOUNT
☐	**Las Vegas, NV #18252**	$655	$730	_____
☐	**Lake Buena Vista, FL #19251**			

- Non-member fees include a one year membership in SOCRA
- Membership fees are processed immediately and are not refundable
- Fees are in U.S. dollars. Please make checks payable to "SOCRA"
- Checks must be drawn on a U.S. bank or marked "Pay in U.S. Funds"
- Written cancellation requests received by SOCRA at least 10 business days prior to start of course may receive a $455 refund.
- We regret that refunds cannot be issued for cancellations on or after 10 business days prior to start of course.
- Taping (audio or video) is prohibited unless SOCRA's written permission has been acquired.
- ADA - This program is accessible to persons with disabilities. Please list any special needs:

  _____
- If for any reason this conference cannot be held, SOCRA is not responsible for costs incurred by attendees, such as airfares, or hotel or other reservations.
- SOCRA is an educational non-profit membership organization (corporation) - Federal Tax ID #61 1208981.
- Please consider this form your invoice and please retain a copy as your payment receipt.

If you are registering by credit card, please complete the following and mail or fax to SOCRA (see below).

VISA ___ M/C ___ AMEX ____

Account # _____ Exp. Date _____/_____

Cardholder Printed Name _____ Billing ZIP/Postal Code _____

Cardholder Signature _____

Register Online at www.SOCRA.org or Send Registration Form to SOCRA:

SOCRA - 530 West Butler Ave, Suite 109, Chalfont, PA 18914 U.S.A.
Phone: (800) 762-7292 or (215) 822-8644 Fax: (215) 822-8633 E-mail: registration@socra.org www.SOCRA.org