Oncology Clinical Trials Conference

March 14 and 15, 2019 *(Thursday and Friday)* | San Francisco, CA

March 13 Optional Preconference Workshops- Oncology Fundamentals & GCP Basics

*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 to register:

San Francisco, CA
#19751

	Member	Non-Member	Amount
☐ **Oncology Conference - March 14 & 15, 2019**	$650	$725	_____
☐ **Optional 1/2 Day GCP E6 (R2) Basics Workshop - March 13 (19751a)**		ADD $175	_____
☐ **Optional 1/2 Day Oncology Research Fundamentasl- March 13 (19751b)**		ADD $175	_____
☐ **Optional Full Day GCP Basics & Oncology Fundamentals Combined (19751c)**		ADD $350	_____
		TOTAL:	_____

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. ($125 for each pre-conference)
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.

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: (215) 822-8644 Fax: (215) 822-8633 E-mail: registration@socra.org www.SOCRA.org