SOCRA®
FOR CLINICAL RESEARCH EXCELLENCE

# Clinical Site Coordinator / Manager & GCP Workshop:

***GCP for Coordinators, Research Associates, Study Nurses & Site Managers***

**January 19 and 20, 2017** *(Thursday and Friday)* | Orlando, FL
**April 27 and 28, 2017** *(Thursday and Friday)* | Toronto, ON Canada
**July 13 and 14, 2017** *(Thursday and Friday)* | Jersey City, NJ
**November 9 and 10, 2017** *(Thursday and Friday)* | San Diego, CA

*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:** ☐ **Orlando, FL #17601** ☐ **Toronto, ON #17602**
☐ **Jersey City, NJ #17603** ☐ **San Diego, CA #17604**

| | MEMBER | NON MEMBER | AMOUNT |
|---|---|---|---|
| | $615 | $690 | _____ |

- 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 $430 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 _____/_____

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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