

FDA Clinical Trial Requirements Regulations, Compliance and GCP Conference

March 30 and 31, 2022 (Wednesday and Thursday) | Newport Beach, 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:

Newport Beach, CA #22701

Member	Non-Member	Fed Gov't Employee Member	Fed Gov't Employee Non-Member	FDA Employee	TOTAL AMOUNT
\$575	\$650	\$450	\$525	Fee Waived	\$ _____

- 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 \$400 refund (\$315 refund Fed. Gov't Employee)
 - 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:
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- 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: 215 822 8644 Fax: 215 822 8633 E-mail: registration@socra.org www.SOCRA.org