



# Device Research 17<sup>th</sup> Annual Device Research & Regulatory Conference

**May 2 & 3, 2024** (Thursday and Friday) | Nashville, TN

Optional Pre-Conference Workshop, Wednesday, May 1, 2024

\* Please see [www.socra.org](http://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:**

	Member	Non-Member	Amount
<b>Nashville, TN</b> <input type="checkbox"/> <b>Device Workshop - May 2 &amp; 3, 2024</b>	\$675	\$750	_____
<b>#24901</b> <input type="checkbox"/> <b>Optional 1/2 Day Device workshop - May 1</b>		ADD \$175	_____
		<b>TOTAL:</b>	_____

- 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 \$470 refund (\$125 for 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.
- 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](http://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](mailto:registration@socra.org) [www.SOCRA.org](http://www.SOCRA.org)