

SoCRA - Society of Clinical Research Associates
15th Annual Conference - Exhibitor Registration Form
Exhibit Program - SEPTEMBER 22 and 23, 2006 (Friday through Saturday)
Chicago Marriott Downtown Magnificent Mile
540 North Michigan Avenue, Chicago, Illinois, 60611
 Phone +1 312 836 0100 Fax +1 312 836 6139 (Please mention "SoCRA")

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EXHIBITOR REGISTRATION FORM for Dr. ___ Mr. ___ Ms. ___ (primary contact)

Register On Line at www.socra.org see "Annual Conference 2006"

Name _____
 (First, Middle Initial, Last, Degrees)

Company / Affiliation _____

Title _____

Preferred address (please check) - Office Residence

Postal address _____

City _____ State/Postal area _____

Zip/mail code _____ Country _____

Phone _____ Fax _____

Email _____

Annual Conference EXHIBITOR registration - _____ Fees _____

\$900 includes one fee waived registration _____ (\$900) _____

Two additional exhibit staff may register at **\$300** each (includes all seminars and included functions).

Name _____ (\$300) _____

Name _____ (\$300) _____

⇒ Fees are in U.S. dollars. Please make checks payable to "SoCRA" Total _____

⇒ **Checks** must be drawn on a U.S. bank or marked "Pay in U.S. Funds".

⇒ Written cancellation requests received by SoCRA prior to September 5 = 80% refund.

⇒ We regret that refunds cannot be issued for cancellations on or after September 5.

⇒ Taping (audio or visual) is prohibited unless SoCRA's written permission is acquired.

⇒ ADA - This program is accessible to persons with disabilities.

⇒ Please advise any special accommodations: _____

⇒ If for any reason this conference cannot be held, SoCRA is not responsible for costs incurred by attendees, such as airfares, hotel, or other reservations.

⇒ SoCRA is a non-profit (membership organization) corporation - Federal Tax ID #61 1208981

⇒ The exhibitor assumes all responsibility for any and all loss, theft or damage to the exhibitor's displays, equipment and other property while at the Chicago Marriott's premises, and hereby waives any claim or demand it may have against the Chicago Marriott or its affiliates arising from such loss, theft or damage. In addition, the exhibitor agrees to defend (if requested), indemnify and hold harmless Society of Clinical Research Associates and the Chicago Marriott and their respective parent, subsidiary and other related or affiliated companies from and against any liabilities, obligations, claims, damages, suits, costs and expenses, including, without limitation, attorneys' fees and costs, arising from or in connection with the exhibitor's occupancy and use of the exhibition premises or any part thereof or any negligent act, error or omission of the exhibitor or its employees, subcontractors or agents.

If you are registering by credit card, please complete the following and mail or fax to SoCRA.

VISA ___ M/C ___ AMEX ___

Account # _____ Exp. Date ____/____

Cardholder

Last name (printed) _____ Cardholder Signature _____

SoCRA - 530 West Butler Avenue, Suite 109, Chalfont, PA 18914
www.socra.org - socramail@aol.com - Phone 800 762 7292 or +1 215 822 8644 Fax +1 215 822 8633