



SOCIETY OF CLINICAL RESEARCH ASSOCIATES

2008 Annual Conference

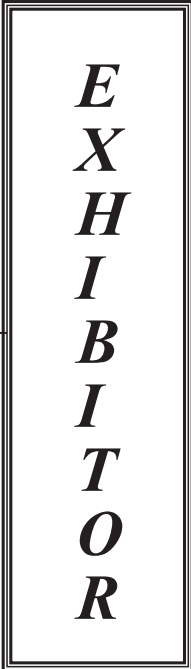
17th Annual Conference - Vancouver, BC Exhibit and Advertising Opportunities Exhibit Program - September 26, 27 and 28, 2008

2008 Annual Conference

The Westin Bayshore, Vancouver- 1601 Bayshore Drive, Vancouver, BC Canada V6G 2V4 Reservations +1 800 937 8461 Hotel Phone: +1 604 682 3377 Hotel Fax: +1 604 687 3102 Hotel room rate \$164 USD, available until August 24 or until room block is filled. Please mention "SoCRA"

EXHIBITOR REGISTRATION FORM Register online at www.socra.org - see "Annual Conference"

Exhibitor Registration for Dr. ___ Mr. ___ Ms. ___ (Primary Contact) First Name ___ Last Name ___ Title ___ Company / affiliation ___ Preferred mailing address (check one) : ___ Office ___ Residence Address ___ City ___ State/Postal area ___ ZIP/Postal code ___ Country ___ Phone ___ Fax ___ E-mail ___



Exhibitor Registration (Includes one fee waived registration) \$950 \$ ___ Two additional exhibit staff may register (includes seminars and functions). List below. Name ___ \$350 \$ ___ Name ___ \$350 \$ ___ 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 1 = 80% refund. We regret that refunds cannot be issued for cancellations on or after September 1. Taping (audio or visual) is prohibited unless SoCRA's written permission is acquired. ADA - This program is accessible to persons with disabilities. 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 Westin Bayshore Vancouver's premises, and hereby waives any claim or demand it may have against the Westin Bayshore Vancouver 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 Westin Bayshore Vancouver 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.

Please mail or fax this form with payment to SoCRA.

VISA ___ M/C ___ AMEX ___ Account # ___ Exp. Date ___/___ Cardholder Printed Name ___ Billing ZIP/Postal Code ___ Cardholder Signature ___