



SOCIETY OF CLINICAL RESEARCH ASSOCIATES

2009 Annual Conference

18th Annual Conference - Nashville, TN Exhibit and Advertising Opportunities Exhibit Program - September 25 and 26, 2009

2009 Annual Conference

Gaylord Opryland Resort and Convention Center 2800 Opryland Drive · Nashville, TN 37214 · USA

Hotel Phone: +1 615 883 2211 · Reservations: 1-888-777-6779

Hotel room rate \$163 USD, available until August 24, 2009 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) \$1050 \$ ___

Two additional exhibit staff may register (includes seminars and functions). List below.

Name ___ \$400 \$ ___

Name ___ \$400 \$ ___

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 4 = 70% refund.
We regret that refunds cannot be issued for cancellations on or after September 4.
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 Gaylord Opryland's premises, and hereby waives any claim or demand it may have against the Gaylord Opryland 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 Gaylord Oprylandr 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 ___

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