

# SoCRA® - 19th Annual Conference Registration Form

- INNOVATION AND INTEGRITY: SHAPING TOMORROW'S CLINICAL TRIALS TODAY -

SEPTEMBER 24, 25, and 26, 2010 (Friday - Sunday) Pre-conference Seminars - September 23 (Thursday)

Sheraton Dallas Hotel - 400 North Olive Street · Dallas, TX 75201 · USA Hotel Phone: +1 214 922 8000

Hotel room rate \$179 USD available until August 16 or until the room block is filled (Please mention "SoCRA")

Registration for: 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 \_\_\_\_\_

ANNUAL CONFERENCE REGISTRATION	Early Discounted Rate	After August 13	AMOUNT
<b>Member</b>	\$750	\$800	_____
<b>Non Member</b> (includes membership for one year)	\$825	\$875	_____
<b>Pre Conference Workshops</b> (Thurs. Sep. 23, 1-5:15 PM)	PLEASE ADD	\$175	_____
<b>Workshop selection (one):</b> <input type="checkbox"/> FDA Audit Preparedness & GCP (10001a) <input type="checkbox"/> IRBs & the Informed Consent Process (10001b) <input type="checkbox"/> Research Project Management & Budgeting (10001c) <input type="checkbox"/> Research GCP 101 for Sites (10001d) <input type="checkbox"/> Presentation Skills (10001e) <input type="checkbox"/> SOP Development & Implementation (10001f) <input type="checkbox"/> The Law & Clinical Research (10001g) <input type="checkbox"/> Protocol Development & Grant Writing (10001h) <input type="checkbox"/> Statistics in Clinical Research (10001i) <input type="checkbox"/> Device Basics (10001j)			
			TOTAL AMOUNT _____

**POSTER COMPETITION ENTRANT CHECK HERE** (see [www.socra.org](http://www.socra.org) for details regarding poster submissions)

- ⇒ The application for the CCRP Certification Examination (Thursday, September 23) is available on SoCRA's website and through the SoCRA office. In order to be considered for the examination, your application must be submitted prior to August 12.
- ⇒ 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 prior to September 3 may receive a \$525 refund (\$125 for pre-conference)
- ⇒ We regret that refunds cannot be issued for cancellations on or after September 3.
- ⇒ 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 800 762 7292 or +1 215 822 8644 Fax +1 215 822 8633 E-mail [SoCRAMail@aol.com](mailto:SoCRAMail@aol.com) [www.SoCRA.org](http://www.SoCRA.org)