



**SOCIETY OF CLINICAL RESEARCH ASSOCIATES**

*Certification Preparation and Review Course*

*Late Transfer Form Acknowledgement*

*\*for requests after refund cut-off date\* but before course start date*

Today's Date \_\_\_\_\_

Workshop Title/ID # \_\_\_\_\_

Workshop Date(s) \_\_\_\_\_

Please check which is applicable:

- I am unable to attend the above listed workshop, and request that you please mail the workshop book to me at the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please transfer my registration for the above listed workshop to the upcoming scheduled date and location I have noted below:

Workshop Name/ ID #	Date/Location
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You may charge my credit card the \$50.00 late transfer fee:

VISA _____ M/C _____ AMEX _____ Expiration date _____/_____ Amount \$ _____ Account # _____ _____ Cardholder Name _____ Cardholder Signature
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I understand this is a one-time accommodation.

Your Signature \_\_\_\_\_

Print Name \_\_\_\_\_