



Clinical Research Professional Certification Preparation & Review Course

Feb 10, 2012	New Orleans, LA Iberville Suites New Orleans	12501	June 8, 2012	Toronto, ON, Canada The Fairmont Royal York	12502
Mar 7, 2012	Singapore with National Healthcare Group	12505	June 22, 2012	Indianapolis, IN with Indiana Univ. School of Medicine	12506
Mar 23, 2012	Hackensack, NJ with Hackensack University Medical Ctr	12507	Sept 19, 2012	Las Vegas, NV The Rio Las Vegas	12503
Mar 29, 2012	Ft. Lauderdale, FL with Holy Cross Hospital	12504			

For Hotel Reservations, please contact the hotel directly. SoCRA hotel room rates are available through approximately 4 weeks prior to the course or until the room block is filled. Room blocks are available for 12502 Toronto (\$175 CAD), and 12503 Las Vegas (\$149 USD). Please mention SoCRA to receive the discounted rate.

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 _____

Check one to register - **New Orleans #12501** _____ **Singapore #12505** _____ **Hackensack #12507** _____
 Ft. Lauderdale #12504 _____ **Toronto #12502** _____ **Indianapolis #12506** _____ **Las Vegas #12503** _____

MEMBER	NON MEMBER	AMOUNT
\$295	\$370	_____

- ⇒ 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 at least 10 business days prior to start of course may receive a \$200 refund.
- ⇒ We regret that refunds cannot be issued for cancellations on or after 10 business days prior to start of course.
- ⇒ 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 or Send Registration Form to SoCRA:

SoCRA - 530 West Butler Ave, Suite 109, Chalfont, PA 18914 U.S.A.

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