



# Clinical Research Professional Certification Preparation & Review Course

<b>April 8, 2010</b>	<b>Albuquerque, NM</b> with the University of NM Human Research Protections Office	10509	<b>June 25, 2010</b>	<b>Chattanooga, TN</b> with the Southeast Renal Resarch Inst.	10510
<b>April 14, 2010</b>	<b>San Francisco, CA</b> with UCSF at Mission Bay Campus	10508	<b>Sept 14, 2010</b>	<b>San Francisco, CA</b> with the UCSF Laurel Heights Campus	10505
<b>April 29, 2010</b>	<b>Roanoke, VA</b> with Carilion Clinic at Carilion Memorial Hospital	10506	<b>Sept 22, 2010</b>	<b>Dallas, TX</b> at the Sheraton Dallas Hotel	10503
<b>June 11, 2010</b>	<b>Toronto, ON</b> at the Delta Chelsea Hotel	10502	<b>Sept 24, 2010</b>	<b>Louisville, KY</b> with Norton Healthcare GEAR Program	10507
			<b>Oct 1, 2010</b>	<b>Springfield, MA</b> with Baystate Medical Center	10511

For Hotel Reservations, please contact the hotel directly. SoCRA room rates are available through 4 weeks prior to the course or until the room block is filled. Room blocks are available for 10502 Toronto \$139 CAD, 10503 Dallas \$179, plus applicable taxes. 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 - Albuquerque #10509 \_\_\_\_\_ San Francisco #10508 \_\_\_\_\_ Roanoke, VA #10506 \_\_\_\_\_**

**Toronto, ON #10502 \_\_\_\_\_ Chattanooga #10510 \_\_\_\_\_ San Francisco, CA #10505 \_\_\_\_\_ Dallas, TX #10503 \_\_\_\_\_**

**Louisville, KY #10507 \_\_\_\_\_ Springfield, MA #10511 \_\_\_\_\_**

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](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)**