



Clinical Investigator GCP & Trials Management Conference
For Clinical Investigators and Key Research Staff
December 6 and 7, 2012 (Thursday and Friday)
San Diego, CA

Sheraton Suites San Diego at Symphony Hall - 701 A Street, San Diego, CA 92101 USA
Hotel Phone: +1 (619) 696-9800 Reservations: +1 (800) 962-1367

For Hotel Reservations, please contact the hotel or call +1 (800) 962-1367. Please mention SoCRA to receive the hotel room rate of **\$149 S/D (plus applicable taxes)**, available until November 5, 2012 or until the SoCRA room block is filled.

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 _____

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Check to register - San Diego #12401 _____

MEMBER	NON MEMBER	AMOUNT
\$625	\$700	_____

- ⇒ 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 \$435 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).

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Account # _____ Exp. Date ____/____/____

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Register Online at www.socra.org or Send Registration Form to SoCRA:

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