

33rd Annual Conference Registration Form

Westgate Las Vegas

Las Vegas, NV USA

September 27 - 29, 2024 (Friday - Sunday) I Preconference Seminars - September 26, 2024 (Thursday)

Visit the SOCRA Website at www.socra.org for Information on Hotel Accommodations

Registration for: Dr Mr Ms			
First Name Middle Initial	Last Name		
Degrees Certific	ations		
Title			
Company / affiliation			
Preferred mailing address (check one) : Office Re	sidence		
Address			
City	State/Postal Area		
ZIP/ Postal code	Country		
	Alt. Phone		
ANNUAL CONFERENCE REGISTRATION Member	Early Discounted Rate \$750	After August 21 \$800	AMOUNT
Non Member (includes membership for one year) Pre Conference Workshops (Thurs. September 26, 1:00 pm to 5:15 pm)	\$825 PLEASE ADD	\$875 \$175	
Workshop selection (one): □ Preparing for the FDA Clinical Investig	gator Site Inspection (24001a)	☐ IRBs & the Informed	Consent Process (24001b)
 □ Project Management & Process Standardization in Clinical Trails (2 □ Investigator-Initiated Sponsored Research (IISR) (24001m) □ ClinicalTrials.gov Administration (24001o) □ Quality Management (mal Study Start-Up Through Pro		
□ POSTER COMPETITION ENTRANT CHECK HERE (see www	TOTAL AN		
The application for the CCRP Certification Examination (Thursday, September be considered for the examination, your application must be submitted prior to 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 August 31 may received by SOCRA prior to August 31 may received by SOCRA's written permission has be a ADA - This program is accessible to persons with disabilities. Please list any for any reason this conference cannot be held, SOCRA is not responsible for SOCRA is an educational non-profit membership organization (corporation) - Please consider this form your invoice and please retain a copy as your payment for a Mexamination of the following and mexaminating the source of the source of the following and mexaminating the source of the following and mexaminating the source of the	August 21. sive a \$525 refund (\$125 for pre-colling) leen acquired. special needs: r costs incurred by attendees, succederal Tax ID #61 1208981. ent receipt. ail or fax to SOCRA (see belo	onference) h as airfare, or hotel or c	other reservations.
Cardholder Printed Name Cardholder Signature	billing ZIP/F	Ostal Code	