



29th Annual Conference Registration Form

2020 Virtual Annual Conference | September 23 - September 26, 2020 (Wednesday - Saturday)

Visit the SOCRA Website at www.socra.org for more information

Registration for: 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 _____

_____ E-mail _____

ANNUAL CONFERENCE REGISTRATION	Early Discounted Rate	After August 20	AMOUNT
Member	\$450	\$475	_____
Non Member (includes membership for one year)	\$525	\$550	_____
		TOTAL AMOUNT	_____

POSTER COMPETITION ENTRANT CHECK HERE (see www.socra.org for details regarding poster submissions)

- ⇒ 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 receive a 70% refund.
- ⇒ We regret that refunds cannot be issued for cancellations on or after August 31.
- ⇒ 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:

Email - registration@socra.org or SOCRA - 530 West Butler Ave, Suite 109, Chalfont, PA 18914 U.S.A. Phone 215.822.8644

Fax +1 215 822 8633 www.SOCRA.org