



FOR CLINICAL RESEARCH EXCELLENCE

# Clinical Research Project/Program Management Virtual Workshop

**March 8-11, 2021** (Monday through Thursday) | Virtual

\* Please see [www.socra.org](http://www.socra.org) for hotel and registration information

Dr. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Degrees \_\_\_\_\_ Certifications \_\_\_\_\_

Title \_\_\_\_\_

Company / affiliation \_\_\_\_\_

Preferred mailing address (check one) : \_\_\_\_ Office \_\_\_\_ Residence

Address \_\_\_\_\_

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**Check one to register:**

**March 8-11 #21251**

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\$430	\$505	_____

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 Membership fees are processed immediately and are not refundable  
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 ADA - This program is accessible to persons with disabilities. Please list any special needs:

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

Phone 215 822 8644 Fax 215 822 8633 E-mail [registration@socra.org](mailto:registration@socra.org) [www.SOCRA.org](http://www.SOCRA.org)

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