



FOR CLINICAL RESEARCH EXCELLENCE

## Clinical Research Project/Program Management Virtual Conference

**February 25 to 28, 2025** (Tuesday through Friday) | 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 \_\_\_\_\_

City \_\_\_\_\_ State/Postal area \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Check one to register:

☐ Virtual #25251

MEMBER	NON MEMBER	AMOUNT
\$430	\$505	_____

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"

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 \_\_\_\_ / \_\_\_\_

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 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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