



# Canadian Regulatory Virtual Conference

**July 26 to 29, 2022** (Tuesday and Friday) | Virtual

\* Please see [www.socra.org](http://www.socra.org) for 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 to register	MEMBER	NON MEMBER	FEE WAIVED	AMOUNT
<input type="checkbox"/> <b>June 26-29, 2022 (#22451)</b>	\$405 (\$335 Canadian Residents)	\$480 (\$410 Canadian Residents)	Health Canada Employees	_____

- Nonmember fees include a one-year membership in SOCRA.
  - Membership fees are processed immediately and are not refundable.
  - Fees are in U.S. dollars.
  - Written cancellation requests received by SOCRA at least 10 business days prior to start of course may receive a partial refund
  - We regret that refunds cannot be issued for cancellations on or after 10 business days prior to start of course.
  - Photography, video, or audio recording of the presentations and/or distribution of the course material is prohibited unless written permission has been acquired.
  - Registration is for one attendee only. Viewing of the live material by multiple attendees is prohibited.
  - Consequences of misconduct may include removal from the event and restrictions from future events.
  - Video attendance is strongly encouraged (device with camera must meet compatibility requirements)
  - ADA - This program is accessible to persons with disabilities. Please list any special needs:
- 
- 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](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)