**Clinical Research Professional Certification Preparation & GCP Review Course**

February 14, 2020 (Friday) | St. Pete Beach, FL  
May 7, 2020 (Thursday) | New Haven, CT  
May 28, 2020 (Thursday) | Morristown, NJ  
June 4, 2020 (Thursday) | Miami, FL  
September 23, 2020 (Wednesday) | Las Vegas, NV

*Please see 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 _____________________________________________           Cell Phone            ___________________________________  
E-mail ___________________________________________________________________________________________________

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<tr>
<th>Check one to register:</th>
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<td>St. Pete Beach, FL #20504</td>
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- 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”  
- This fee does not include the exam fee, you must apply for the examination separate. (socra.org/certification)  
- Written cancellation requests received by SOCRA at least 10 business days prior to start of course may receive a $200 refund.  
- 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 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:  
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  
www.SOCRA.org