

**Clinical Site Coordinator / Manager & GCP Virtual Workshop:
GCP for Coordinators, Research Associates,
Study Nurses & Site Managers**

February 15 to 17, 2022 (Tuesday - Thursday) | Virtual

July 13 to 15, 2022 (Wednesday - Friday) | Virtual

*Please see www.socra.org for more 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:

☐ **Feb 15-17 #22601** ☐ **July 14-16 #22603**

MEMBER	NON MEMBER	AMOUNT
\$425	\$510	_____

- 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 required (device with camera must meet compatibility requirements)
- ADA - This program is accessible to persons with disabilities. Please list any special needs in the area below: _____
- SOCRA is an educational non-profit membership organization (corporation) - Federal Tax ID #61 1208981.

If you are registering by credit card, please complete the following and email, 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