

33rd Annual Conference Registration Form

Westgate Las Vegas

Las Vegas, NV USA

September 27 - 29, 2024 (Friday - Sunday) I Preconference Seminars - September 26, 2024 (Thursday)

Visit the SOCRA Website at www.socra.org for Information on Hotel Accommodations

Registration for: Dr. ____ Mr. ___ Ms. ____

First Name	Middle Initial _	Last Name			
Degrees	C	ertifications			
Title					
Company / affiliation					
Preferred mailing address (check one) :	_ Office	_ Residence			
Address					
City		State/Postal Area			
ZIP/ Postal code					
Phone		Alt. Phone			
Fax	E-mail				
ANNUAL CONFERENCE REGISTRATION Member		Early Discounted Rate \$750	After August 21 \$800	AMOUNT	
Non Member (includes membership for one y	ear)	\$825	\$875		
Pre Conference Workshops (Thurs. September	er 26, 1:00 pm to 5:15	5 pm) PLEASE ADD	\$175		
 □ Legal Issues Involving Researchers, Inc Regulatory Research (24001j) □ Project M and Practices (24001L) □ Investigator-Init □ Optimal Study Start-Up Through Protoco 	Management & Proce	ss Standardization in Clinical Trails (search (IISR) (24001m)	(24001k) □ Risk Based		
		TOTAL AMOUNT			
□ POSTER COMPETITION ENTRANT O	CHECK HERE (se	e www.socra.org for details regardin	g poster submissions)		
 ⇒ The application for the CCRP Certification Exami be considered for the examination, your application. ⇒ Non-member fees include a one year membershipment. ⇒ Membership fees are processed immediately and Fees are in U.S. dollars. Please make checks particle Checks must be drawn on a U.S. bank or marked. ⇒ Written cancellation requests received by SOCRAW regret that refunds cannot be issued for cance. ⇒ Taping (audio or video) is prohibited unless SOCI ADA - This program is accessible to persons with. 	on must be submitted pp in SOCRA. I are not refundable. yable to "SOCRA" I "Pay in U.S. Funds". A prior to August 31 maellations on or after Au RA's written permission	orior to August 21. ay receive a \$525 refund (\$125 for pre- gust 31. n has been acquired.		ICRA office. In order to	
⇒ If for any reason this conference cannot be held, SOCRA is an educational non-profit membership Please consider this form your invoice and please	organization (corporat	tion) - Federal Tax ID #61 1208981.	uch as airfare, or hotel or o	other reservations.	
If you are registering by credit card, please com	plete the following	and mail or fax to SOCRA (see bel	ow).		
VISA M/C AMEX					
Account #			Exp. Date/	<u> </u>	
Cardholder Printed Name		Billing ZIP	/Postal Code		
Cardholder Signature					