



# Clinical Research Professional Certification Preparation & GCP Review Course

September 7, 2023 (Thursday) | New Haven, CT

September 27, 2023 (Wednesday) | Montreal, QB, CANADA

November 2, 2023 (Thursday) | Kansas City, KS

\* 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 \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

### Check one to register:

New Haven, CT#23516

Montreal, QB CANADA #23501

Kansas City, KS #23512

MEMBER	NON MEMBER	AMOUNT
\$295	\$370	_____

- 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](http://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 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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