



Clinical Research Professional Certification Preparation & GCP Review Course

April 30, 2025 | Houston, TX
September 24, 2025 | Chicago, IL

* 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 _____

Check one to register:

<input type="checkbox"/> Houston, TX #25505	<input type="checkbox"/> Chicago, IL #25501	MEMBER	NON MEMBER	AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	\$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)
- 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).

VISA ____ M/C ____ AMEX ____

Account # _____ Exp. Date ____/____/____

Cardholder Printed Name _____ Billing ZIP/Postal Code _____

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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
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