

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

**April 18 & 19, 2024 (Thursday and Friday) | San Diego, CA**

\*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 \_\_\_\_\_ Alt. Phone \_\_\_\_\_

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

**Check one to register:**

**San Diego, CA #24601**

MEMBER	NON MEMBER	AMOUNT
\$615	\$690	_____

- 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"
- Written cancellation requests received by SOCRA at least 10 business days prior to start of course may receive a \$430 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 \_\_\_\_\_

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)