

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

**April 9 - 11, 2025 (Wednesday & Thursday) | Virtual**

\*Please see [www.socra.org](http://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 \_\_\_\_\_

<b>Check one to register:</b>	MEMBER	NON MEMBER	AMOUNT
<input type="checkbox"/> <b>April 9 - 11 #25601</b>	\$425	\$500	_____

- 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](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)