

Clinical Research / Clinical Science Course Registration

July 19 to 23, 2021 (Monday to Friday) | Denver, CO

* 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 _____ Alt. Phone _____

Fax _____ E-mail _____

		Member	Non-Member	Amount
Denver, CO #21102	Module 1 and 2 - July 19 to 23, 2021	\$1,150	\$1,225	_____
	Module 1 (only) - July 19 to 21, 2021	\$750	\$825	_____
	Module 2 (only) - July 21 to 23, 2021	\$600	\$675	_____

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 partial refund as follows:
 \$800 - Module 1 and 2; \$525 Module 1 (only); \$420 Module 2 (only)
 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 _____