



SOCIETY OF CLINICAL RESEARCH ASSOCIATES

# SoCRA 19th Annual Conference - Dallas, TX

## Exhibit Program - September 24 and 25, 2010

### Sheraton Dallas Hotel

#### 400 North Olive Street · Dallas, TX 75201 · USA

Hotel Phone: +1 214 922 8000 · Reservations: +1 214 922 8000

Hotel room rate \$179 S/D USD, available until 30 days prior to arrival or until room block is filled. Please mention "SoCRA"

## EXHIBITOR REGISTRATION FORM

Register online at [www.socra.org](http://www.socra.org) - see "Annual Conference"

Registration must be confirmed by August 13 in order to be listed in program materials

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Exhibitor Registration for Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ (Primary Contact)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company / affiliation \_\_\_\_\_

Preferred mailing address (check one) : \_\_\_\_\_ Office \_\_\_\_\_ Residence

Address \_\_\_\_\_

City \_\_\_\_\_ State/Postal area \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**Exhibitor Registration (Includes one fee waived registration) \$1050 \$ \_\_\_\_\_**

**Two additional exhibit staff may register (includes seminars and functions). List below.**

Name \_\_\_\_\_ **\$400** \$ \_\_\_\_\_

Name \_\_\_\_\_ **\$400** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

- Checks** must be drawn on a U.S. bank or marked "Pay in U.S. Funds".
- Written cancellation requests received by SoCRA prior to September 3 = 70% refund.
- We regret that refunds cannot be issued for cancellations on or after September 3.
- Taping (audio or visual) is prohibited unless SoCRA's written permission is acquired.
- ADA - This program is accessible to persons with disabilities.
  - Please advise any special accommodations: \_\_\_\_\_
- If for any reason this conference cannot be held, SoCRA is not responsible for costs incurred by attendees, such as airfares, hotel, or other reservations.
- SoCRA is a non-profit (membership organization) corporation - Federal Tax ID #61 1208981
- The exhibitor assumes all responsibility for any and all loss, theft or damage to the exhibitor's displays, equipment and other property while at the Sheraton Dallas' premises, and hereby waives any claim or demand it may have against the Sheraton Dallas or its affiliates arising from such loss, theft or damage. In addition, the exhibitor agrees to defend (if requested), indemnify and hold harmless Society of Clinical Research Associates and the Sheraton Dallas and their respective parent, subsidiary and other related or affiliated companies from and against any liabilities, obligations, claims, damages, suits, costs and expenses, including, without limitation, attorneys' fees and costs, arising from or in connection with the exhibitor's occupancy and use of the exhibition premises or any part thereof or any negligent act, error or omission of the exhibitor or its employees, subcontractors or agents.

**Please mail or fax this form with payment to SoCRA.**

VISA \_\_\_ M/C \_\_\_ AMEX \_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_

Cardholder Printed Name \_\_\_\_\_ Billing ZIP/ Postal Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

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