



**Clinical Investigator GCP & Trials Management Conference  
For Clinical Investigators and Key Research Staff**

**December 2 and 3, 2010 (Thursday and Friday)**

**Renaissance Ft. Lauderdale Hotel**

**1617 SE 17th Street, Ft. Lauderdale, FL 33316 U.S.A.**

**Hotel Phone: 1 954 626 1700**

For Hotel Reservations, please contact the hotel or call 800 468 3571. Please mention SoCRA to receive the hotel room rate of **\$129 S/D (plus applicable taxes)**, available until November 9, 2010 or until the SoCRA room block is filled

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 to register - Ft. Lauderdale #10401 \_\_\_\_\_**

MEMBER	NON MEMBER	AMOUNT
\$625	\$700	_____

- ⇒ 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 \$435 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 800 762 7292 or +1 215 822 8644 Fax +1 215 822 8633 E-mail [SoCRAmail@aol.com](mailto:SoCRAmail@aol.com) [www.SoCRA.org](http://www.SoCRA.org)