

## Clinical Research Professional Certification Preparation and GCP Review Course Virtual Workshop

July 24 & 25, 2024 (Wednesday & Thursday) | Virtual October 7 & 8, 2024 (Monday & Tuesday) | Virtual November 18 & 19, 2024 (Monday & Tuesday) | Virtual December 10 & 11, 2024 (Tuesday & Wednesday) | Virtual

\* Please see www.socra.org for registration information

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Dr Mr Ms						
First Name	Middle Initial _	Last N	ast Name			
Degrees	Certifications					
Title						
Company / affiliation						
Preferred mailing address (chec	ck one): Office	_ Residence				
Address						
City	State/Postal area					
ZIP/Postal code	Country					
Phone	Alt. Phone					
Fax	E-mail _					
Check one to register:  July 24 & 25 #24510  October 7 & 8 #24511	November 18 & 19 #24512  December 10 & 11 #24513		MEMBER \$295	NON MEMBER \$370	AMOUN	
Membership fees are processe Fees are in U.S. dollars. Pleas Checks must be drawn on a U This fee does not include the e Written cancellation requests refund. We regret that refunds cannot Taping (audio or video) is proh ADA - This program is accessi	ne year membership in SOCRA ed immediately and are not refundable se make checks payable to "SOCRA" .S. bank or marked "Pay in U.S. Fund exam fee, you must apply for the exam received by SOCRA at least 10 busine be issued for cancellations on or after hibited unless SOCRA's written permis be to persons with disabilities. Please ce cannot be held, SOCRA is not resp -profit membership organization (corpo- t invoice and please retain a copy as y	ds" mination separate ess days prior to r 10 business da ssion has been a e list any special consible for costs oration) - Federa	start of course n  ys prior to start of acquired. I needs: s incurred by atteral at Tax ID #61 120	nay receive a \$200 of course. endees, such as airfares,		
If you are registering by credit	card, please complete the following	g and mail or fa	ax to SOCRA (se	ee below).		
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Cardholder Printed Name			Billing ZIP/Postal Code			
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