



FOR CLINICAL RESEARCH EXCELLENCE

# Clinical Research Monitoring and GCP Virtual Workshop

October 22 to 25, 2024 (Tuesday - Friday) | Virtual

\* Please see [www.socra.org](http://www.socra.org) for registration information

Dr. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Degrees \_\_\_\_\_ Certifications \_\_\_\_\_

Title \_\_\_\_\_

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

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

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**Check one to register:**

**Oct 22-25 #24203**

MEMBER	NON MEMBER	AMOUNT
\$435	\$510	_____

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 of \$305.00 USD

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.

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\_\_\_\_\_  
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.

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**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)

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