

Clinical Research Project / Program Management Conference

October 17 & 18, 2024 (Thursday and Friday) | Philadelphia, PA

* Please see www.socra.org for hotel and registration information

Dr Mr Ms				
First Name	Middle Initial	Last Name		
Degrees	Certifi	cations		
Title				
Company / affiliation				
Preferred mailing address (check on	ne): Office R	esidence		
Address				
City	State/Postal area			
ZIP/Postal code		Country		
Phone		Alt. Phone		
Fax	E-mail			
Non-member fees include a one Membership fees are processed Fees are in U.S. dollars. Please Checks must be drawn on a U.S. Written cancellation requests rec	immediately and are not refunda make checks payable to "SOCRA bank or marked "Pay in U.S. Fu	ble A" nds"	NON MEMBER \$730	AMOUNT
We regret that refunds cannot be Taping (audio or video) is prohibi ADA - This program is accessible If for any reason this conference or hotel or other reservations.	e issued for cancellations on or at ted unless SOCRA's written perr e to persons with disabilities. Plea	fter 10 business d nission has been ase list any specia	lays prior to start of cou acquired. al needs:	rse.
SOCRA is an educational non-pr Please consider this form your in If you are registering by credit card, p	voice and please retain a copy a	s your payment re	eceipt.	
VISA M/C AMEX			•	
Account #			Exp. Da	te/
Cardholder Printed Name			Billing ZIP/Postal Code	e
Cardholder Signature				

Register Online at 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 www.SOCRA.org