

**iSRA Virtual Conference****April 20-22, 2020 11:00 am – 4:30 pm Eastern Time****Institutional Registration Form**

Company/Institution \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Point of Contact Name \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

**REGISTRATION RATES**

Institutional Registration provides access for up to 10 employees, each at a different location. Registration includes access to the conference and PowerPoints slides.

	<b>Pre-Registration (deadline April 17)</b>	<b>Late Registration (after April 17)</b>
<b>Institutional Full Registration Rate</b>	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$2530
<b>Institutional Monday Only Registration Rate</b>	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1230
<b>Institutional Tuesday Only Registration Rate</b>	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1230
<b>Institutional Wednesday Only Registration Rate</b>	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1230

**PAYMENT INFORMATION**

Full payment must accompany this registration form. Your signature below authorizes SRA International to charge your credit card the total meeting rate. REGISTRANT is responsible for all charges.

☐ Check (payable to SRA International)      ☐ VISA      ☐ MasterCard      ☐ AMEX      ☐ Discover

Card Number \_\_\_\_\_ Security Code (3/4 digits) \_\_\_\_\_ Expiration \_\_\_\_\_

Print Cardholders Name \_\_\_\_\_ **Total Due** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Email for Receipt Confirmation \_\_\_\_\_

Email your completed registration form with credit card information to [registration@srainternational.org](mailto:registration@srainternational.org), fax it to (703) 741-0142 or mail your completed registration form with check to: SRA International, 1560 Wilson Blvd., Suite 310, Arlington, VA 22209. Checks must include participant name and completed registration form. Please do not email, mail AND fax your registration.

**POLICIES****Cancellation**

Written requests for registration refunds must be postmarked **seven (7) days before the Conference**. Cancellations submitted **seven (7) days before the Conference** are refunded less a \$25 cancellation fee. Registration substitutions from the same institution are accepted. All fees will be reimbursed in the case of webinar cancellation.

**Registration**

We cannot process any advance registration forms without full payment. **Invoices will NOT be issued. Purchase orders are NOT accepted.**

**Privacy Policy**

SRAI privacy policy can be found at [www.srainternational.org/privacy](http://www.srainternational.org/privacy). For questions, email us at [communications@srainternational.org](mailto:communications@srainternational.org).

**Attendee 1**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 2**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 3**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 4**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 5**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 6**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 7**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 8**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 9**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Attendee 10**

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

Title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_