

GROUP WEBINAR REGISTRATION FORM

REGISTRANT name and email:		
Company/Institution:		
Address:		
City:	State:	Zip:
Phone Number:	E-mail:	
SRAI MemberChapter/Non-Men	nber	
REGISTRATION FEES (Pre-registration closes Monday, April 29th)		
REGISTRANT is responsible for all charges. Group registration provides the REGISTRANT with integrand access. REGISTRANT is responsible for making and listed GROUP ATTENDEES all receive educationa. You must be a registered attendee to receive credit	ng this live access information accest I credit and can request a certificate	ssible to GROUP ATTENDEES. REGISTRANT
A Research Triangle: Compliance with HIPA (PCI-DSS) Requirements	A, GDPR and Payment Card I	ndustry Data Security System
Tuesday, April 30, 2019 2:00 – 3:00 pm Eastern Time Group Registrat	Pre-Registration (deadline April 29th	
Group negistrat		
ATTENDEE 1 Name:	Title	
Company/Institution:		
Phone Number: E-mail:		
ATTENDEE 2		
Name:	Title:	
Company/Institution:		
Phone Number: E-mail:		
ATTENDEE 3		
Name:	Title:	
Company/Institution:		
Phone Number: E-mail:		
ATTENDEE 4 Name:	Title	
		
Company/Institution:		



ATTENDEE 5

Name:		Title:	
Company/Institution:			
Phone Number:			
ATTENDEE 6			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 7			
Name:		Title:	
Company/Institution:			
Phone Number:			
ATTENDEE 8			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 9			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 10			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 11			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 12			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 13			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		



ATTENDEE 14

Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 15			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 16			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 17			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 18			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 19			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 20			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 21			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		
ATTENDEE 22			
Name:		Title:	
Company/Institution:			
Phone Number:	E-mail:		

REGISTRATION SUMMARY							
WEBINARS:							
Group Webinar Pre-registration:	\$450	\$					
Group Webinar Late Registration:	\$465	\$					
TOTAL AMOUNT:							
PAYMENT INFORMATION							
Full payment must accompany your registration form. Your signa	ature below at	uthorizes SRA Inter	national to charge your cre	dit card			
the total meeting rate.							
☐ Check (payable to SRA International) ☐ VISA ☐ MasterCar	rd 🗆 AMEX	□ Discover					
Card Number: Securi	ity Code (3/4 die	zits):	Expiration:				
	o, (-,	5,-	<u> </u>	_			
Print Cardholders Name:		Total Due:		-			
Additional Email for Receipt Confirmation:							
Additional Email for Receipt committation.				-			
Signature	ate						
Email your completed registration form with credit card inform	_		-				
mail your completed registration form with check to: SRA Intern	ational, 1560 ۱	Wilson Boulevard,	Suite 310, Arlington, VA 22	209.			

POLICIES

Cancellation

Written requests for registration refunds must be postmarked **7 days before the Webinar**. Any cancellations submitted **7 days before the Webinar** are refunded less a \$25 cancellation fee per person. Please email registration@srainternational.org to cancel a registrant.

Registration

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

Attendee names will only be accepted up to **48 hours** after the date of the Webinar. After that they will **not** be entered into the system.

SRAI privacy policy, can be found at www.srainternational.org/privacy-statement. For questions email us at communications@srainternational.org.

Checks must include participant name and completed registration form.