SRA INTERNATIONAL | **SOCIETY** OF **RESEARCH ADMINISTRATORS INTERNATIONAL**

Live Webinar: Clinical Research Feasibility Assessment:
"On-time, On-target, On-budget"
Tuesday, July 16, 2019 2:00 – 3:00 pm Eastern Time
Group Registration Form

Registrant First Name _____ **Last Name** _____

Title _____ **Company/Institution** _____

Address _____

City _____ **State** _____ **Zip** _____

E-mail _____ **Phone Number** _____

REGISTRATION RATES

Group Webinar Registration provides the REGISTRANT access to the live webinar, a PDF of the presentation and complimentary access for one year to the on-demand version, available 24-48 hours after the scheduled event. REGISTRANT is responsible for providing access to GROUP ATTENDEES. REGISTRANT and listed GROUP ATTENDEES can obtain a certificate of attendance notating educational credit upon request. **You must be a registered attendee to receive educational credit.**

	Pre-Registration *(deadline July 15)*	**Late Registration** *(after July 15)*
Group Registration Rate	□ $450	□ $465

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, 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 Webinar**. Cancellations submitted **seven (7) days before the Webinar** 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. For questions, email us at communications@srainternational.org.

GROUP ATTENDEES

Attendee names will only be accepted up to **48 hours** after the date of the Webinar. After that they will not be accepted as attendees of the live webinar to receive educational credit. Use additional pages as necessary.

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 _____

Attendee 11

First Name _____ Last Name _____

Title _____ Company/Institution _____

Email _____ Phone Number _____

Attendee 12

First Name _____ Last Name _____

Title _____ Company/Institution _____

Email _____ Phone Number _____