



SOCIETY OF  
RESEARCH  
ADMINISTRATORS  
INTERNATIONAL

## iSession | Effective Fiscal Management of Industry Clinical Trials

*Encore | A Series of Annual Meeting iSessions*

Tuesday, November 16, 2021, 2:00 – 3:00 PM Eastern Time

### Group Registration Form

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### REGISTRATION RATES

Group iSession Registration provides access to the live event, a PDF of the presentation and complimentary access for 30-days to the on-demand version, available 24-48 hours after the scheduled event for up to 12 employees, each at a different location. Full Group Attendee list must be submitted prior to event. Each Group Attendee can obtain a certificate of attendance notating educational credit upon request. **You must be a registered attendee to receive educational credit.**

	Pre-Registration (deadline November 15)	Late Registration (after November 15)
Group Registration Rate	<input type="checkbox"/> \$350	<input type="checkbox"/> \$365

#### PAYMENT INFORMATION

Full payment must accompany this registration form. Your signature below authorizes SRA International to charge your credit card the total meeting rate. ATTENDEE 1 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) 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 AND mail your registration.

#### POLICIES

##### Cancellation

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



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## GROUP ATTENDEES

Group Registration provides registration access for up to 12 employees, each at a different location. Final attendee list must be submitted prior to the Live iSession event so group attendees can receive login details. *To add additional attendees, please contact SRAI for details and pricing at [registration@srainternational.org](mailto:registration@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 \_\_\_\_\_

**Attendee 11**

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

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

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

**Attendee 12**

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

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

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