



SOCIETY OF
RESEARCH
ADMINISTRATORS
INTERNATIONAL

iSession | Budgets 101: Creating Federal Grants Budgets

Encore | A Series of Annual Meeting iSessions

Tuesday, April 19, 2022, 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 April 18)	Late Registration (after April 18)
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 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. For questions, email us at 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.*

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 _____



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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 _____