



VIRTUAL INTERNATIONAL  
CONVENTION FOR  
RESEARCH ADMINISTRATORS

## Virtual International Convention for Research Administration

### Institutional Registration Form – 3 Employees

5-7 March 2024

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

Address \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

#### MEETING RATES

Institutional Registration provides access for 3 employees. Registration includes access to the conference, PowerPoint slides, and concurrent session recordings up to 6 months post-event in the chosen certificate package.

	Early Bird Deadline 23 February	Regular 24 February – 1 March	Last Minute 2 March – 5 March
Institutional Package – 3 employees	<input type="checkbox"/> \$1,170 USD	<input type="checkbox"/> \$1,170 USD	<input type="checkbox"/> \$1,170 USD
Additional Registrant	<input type="checkbox"/> \$390 USD	<input type="checkbox"/> \$489 USD	<input type="checkbox"/> \$519 USD

TOTAL DUE: \$ \_\_\_\_\_

#### ACH/WIRE INFORMATION

Email SRAI at [srameetings@srainternational.org](mailto:srameetings@srainternational.org) with the following information when payment has been issued.

Registrant's Full Name and Email Address

Registrants Title and Organization

Date the Payment was issued.

Account Name: Society of Research Administrators

Bank: Truist, Arlington, VA 22204

Routing Number: 061000104

Account Number: 1000016232463

SWIFT Code: BRBTUS33

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## POLICIES

### Cancellation

Written requests for registration refunds must be postmarked on or before **20 February 2024**. Cancellations submitted on or before **20 February 2024**, less a \$50 meeting cancellation fee. If you paid membership dues while registering, these will not be refunded; only the actual registration fees will be refunded less the cancellation fee(s). No refunds will be made after **20 February 2024**. Refunds are not given for no-shows. Registration substitutions from the same institution are accepted; membership substitutions are NOT accepted. All fees will be reimbursed if the program is cancelled. In the case of cancellation, you will be notified by SRAI from [srameetings@srainternational.org](mailto:srameetings@srainternational.org).

### Registration Policy

We cannot process any advance registrations without full payment. Invoices will NOT be issued. Purchase orders are NOT accepted. You must be a full member of SRAI at the time of the meeting to receive meeting member rate.

### Consent to Use Photographic Images

Registration and attendance at, or participation in, SRAI meetings and other activities constitutes an agreement by the registrant to the use and distribution of the registrant or attendees' image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities by SRAI and other third parties.

### 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).

### \*SRAI Code of Ethics Statement of Expectations for Professional Conduct of Members

By becoming a member of SRAI you agree to SRAI's Code of Ethics and SRAI's Statement of Expectations for Professional Conduct of Members, which can be found at [www.srainternational.org/about/who-we-are](http://www.srainternational.org/about/who-we-are)

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**Please complete the information below, if this portion of the registration form is not complete, we will be unable to process your registrations(s).**

#### Attendee 1

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

Position Title \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Email \_\_\_\_\_

**Would you like your email to appear on the Participant List and provided to exhibitors?  
Which certificate track will you be completing?**

☐ Yes      ☐ No  
☐ IRAM      ☐ PRAM

#### Attendee 2

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

Position Title \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Email \_\_\_\_\_

**Would you like your email to appear on the Participant List and provided to exhibitors?  
Which certificate track will you be completing?**

☐ Yes      ☐ No  
☐ IRAM      ☐ PRAM



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### Attendee 3

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

Position Title \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Email \_\_\_\_\_

**Would you like your email to appear on the Participant List and provided to exhibitors?**

☐ **Yes**

☐ **No**

**Which certificate track will you be completing?**

☐ **IRAM**

☐ **PRAM**