

## PRIM&R's Certificate in the Foundations of Human Subjects Protections Enrollment Form

### Contact Information

Name, Credential(s):

Title:

Institution:

Address:

City/State/Zip:

Phone:

Fax:

Email:

### Data & Privacy

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

**I want to participate in these research activities:** ☐ Yes ☐ No

*Canadian and EEA/EU Residents Only.* In accordance with Canada's Anti-Spam Law and the General Data Protection Regulation, you must opt in to be added to our mailing list. By checking yes, you are providing express consent to receive messages from PRIM&R, including updates and promotions for PRIM&R products and events. You can withdraw your consent at any time by writing to us at 20 Park Plaza, Suite 1421, Boston, MA 02116, or via email at [privacy@primr.org](mailto:privacy@primr.org).

**I want to receive email from PRIM&R:** ☐ Yes ☐ No

### Responsibility Areas

Select all that apply.

<input type="checkbox"/> Attending Veterinarian	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Conflict of Interest Personnel	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Personnel	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> Educator	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Research Counsel/Attorney
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IBC Administrative Personnel	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Research Personnel
<input type="checkbox"/> Grants/Contracts Personnel	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Researcher
<input type="checkbox"/> HRPP/IRB/REC Administrative Personnel	<input type="checkbox"/> IBC Director/Manager	<input type="checkbox"/> Public Relations/Communications Personnel	<input type="checkbox"/> Student
<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Leadership/Executive/Institutional Official	<input type="checkbox"/> Quality Assurance Personnel	<input type="checkbox"/> Veterinary Personnel
<input type="checkbox"/> IACUC Administrative Personnel	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Regulator/ Policymaker	<input type="checkbox"/> Other: _____

### Interest Areas

PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/ Educational/Behavioral
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Enrollment Options	
<input type="checkbox"/> PRIM&R member rate	\$0
<input type="checkbox"/> Nonmember rate	\$49
<b>Membership:</b> Not a member yet? Add membership to your enrollment and receive member pricing!	
<input type="checkbox"/> One-year individual membership	\$199

Payment Method & Submission	
Purchase Order	<b>PO #:</b> _____ Please include a copy of the purchase order with enrollment. Your enrollment will not be processed until the purchase order is received.
Check	<b>Check #:</b> _____ If you are paying by check, please note that payment is expected before your enrollment can be processed. Please make checks payable to PRIM&R. Your enrollment will not be processed until the check is received.
Credit Card	<i>To keep your information secure, credit card payments are accepted through online registration at <a href="http://www.primr.org">www.primr.org</a>. Please contact <a href="mailto:registration@primr.org">registration@primr.org</a> with any questions.</i>

**If paying by check, send your completed registration form and payment to PRIM&R:**

P.O. Box 849502, Boston, MA 02284-9502

Fax: 617.423.1185

Email: [registration@primr.org](mailto:registration@primr.org)

*Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact [registration@primr.org](mailto:registration@primr.org) if you have questions.*

## Agreement to PRIM&R's Policies

The enrollment fee is non-refundable and non-transferrable and is based on an individuals' membership status at the time of enrollment. The enrollment fee secures an individual's participation in the program for a period of three years. If an individual does not complete the program requirements within three years, but would still like to work toward a certificate, they will be required to re-enroll in the program and pay any required participation fee again. There is no cancellation fee associated with this program. If an individual would like to end their participation in the program, they may do so by emailing [registration@primr.org](mailto:registration@primr.org). If you have any questions regarding enrollment, please contact PRIM&R by email ([membership@primr.org](mailto:membership@primr.org)) or by phone (617.423.4112).

By signing and submitting this registration form, I acknowledge that I have read and understand [PRIM&R's Policies](#), and I hereby agree to all terms and conditions as stated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date