



REGISTRATION AND RENEWAL FORM

Please fax this registration form to 617.423.1185, email it to registration@primr.org, or mail it to PRIM&R, P.O. Box 849502, Boston, MA 02284-9502, together with your payment information.

CONTACT INFORMATION

Name _____

Degree(s): _____ Title _____

Institution _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Email _____

I want to continue to receive email from PRIM&R. Yes No

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. Please let us know if you are interested in participating. Note: All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties. 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 720, Boston, MA 02116, or via email at privacy@primr.org. I want to receive email from PRIM&R: Yes No

RATES	
<input type="checkbox"/> Individual PRIM&R Member Rate License	\$365
<input type="checkbox"/> Individual Nonmember Rate License	\$564
<input type="checkbox"/> Individual Nonmember Rate License + Membership*	\$564
<input type="checkbox"/> Institutional Member License <i>This option is available to institutions and has no cap on the number of users. Please see the Policies section for details.</i> Expected number of people anticipated to take the course: _____	\$2,250
<input type="checkbox"/> Institutional Nonmember License <i>This option is available to institutions and has no cap on the number of users. Please see the Policies section for details.</i>	\$2,449

Expected number of people anticipated to take the course: _____		
<input type="checkbox"/> Institutional Nonmember Rate License + Membership* <i>This option is available to institutions and has no cap on the number of users. Please see the Policies section for details.</i> Expected number of people anticipated to take the course: _____		\$2,449
<input type="checkbox"/> I am a new subscriber.	<input type="checkbox"/> I am a returning subscriber.	

* Please note, the person whose name the registration is under will receive the membership. PRIM&R does not offer group, institutional, or departmental memberships.

PAYMENT INFORMATION

Purchase order or check: I am using purchase order or check #(s) _____.
 Please include a copy of your purchase order. All checks must be made payable to PRIM&R.

Credit card: Type of Card: _____ Card #: _____

Expiration date: _____ Name on the card: _____

Payment is required to complete your registration.

Please send your completed registration form and payment (if paying by check) to PRIM&R:
 Payment Address: P.O. Box 849502, Boston, MA 02284-9502
 Fax: 617.423.1185
 Email: registration@primr.org

Note: Our office is currently closed; we cannot accept payments requiring a signature. Please contact registration@primr.org if you have questions.

POLICIES

This course is non-refundable and non-transferable. Institutions with multiple campuses and/or schools are required to purchase a separate subscription for each entity. If you have any questions regarding an institutional license, please email onlinelearning@primr.org. There is no cap on the number of users.

Note: Your registration will **not** be complete if you do not agree to these policies.

*I have read and understand PRIM&R's **policies**, and I hereby agree to all terms and conditions as stated.*

 Signature

 Date

CONTINUING MEDICAL EDUCATION CREDIT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Boston University School of Medicine and PRIM&R. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this enduring material activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

THANK YOU

Thank you again for your interest in PRIM&R's **EROC**. Confirmation of your registration will be sent to you shortly. Please call 617.423.4112 or email registration@primr.org with any questions. Visit www.primr.org for updates.