

## Attendee Contact Information

First name Middle initial

Last name

Title

Institution

Address

Email

Phone Fax

### Emergency contact

Name Phone number

### Dietary needs

Please indicate special meal requirements due to religious/moral reasons or allergies/intolerances. We cannot accommodate on-site dietary requests. We will do our best to accommodate requirements, but cannot accommodate individual preferences.

- Kosher   
  Pork-free   
  Vegan   
  Vegetarian  
 Any of: egg-, dairy-, gluten-, soy-, fish-, shellfish-, nut-free  
 Other. I will email [registration@primr.org](mailto:registration@primr.org) to discuss these needs

### Accessibility

I have a disability or need special accommodations. I will email [registration@primr.org](mailto:registration@primr.org) to discuss these needs.

### Data & Privacy

PRIM&R shares a list of conference attendees' names and mailing addresses with supporters and exhibitors.

I want to be excluded from this list:  Yes  No

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field.

I want to participate in these research activities:  Yes  No  
 Note: All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

*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](mailto:privacy@primr.org).

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

## Conference Registration (Nov. 15-17)

Add membership with this registration for \$190.

By selecting this option, you are eligible for all Member Rates **M** below. You can also select this option to renew an existing membership. If you are not a member and do not add membership, please register at the nonmember rates.

| Member Rates <b>M</b>  | Early bird<br>(by 7/9)             | Regular<br>(10/24)                 | Late<br>(11/17)                    |
|--|------------------------------------|------------------------------------|------------------------------------|
| Full Conference  | <input type="checkbox"/> \$840     | <input type="checkbox"/> \$900     | <input type="checkbox"/> \$1,000   |
| Student/Young Professional*<br>(Full Conference)   | <input type="checkbox"/> \$610     | <input type="checkbox"/> \$635     | <input type="checkbox"/> \$685     |
| *To be eligible for this rate you must be under 30 on 11/1/18, or a student. (Members only). |                                    |                                    |                                    |
| Single Conference day(s)<br>□ 11/15   □ 11/16   □ 11/17                                      | <input type="checkbox"/> \$365/day | <input type="checkbox"/> \$390/day | <input type="checkbox"/> \$440/day |
| Nonmember Rates  | Early bird<br>(by 7/9)             | Regular<br>(10/24)                 | Late<br>(11/17)                    |
| Full Conference  | <input type="checkbox"/> \$1,030   | <input type="checkbox"/> \$1,090   | <input type="checkbox"/> \$1,190   |
| US Federal Government  | <input type="checkbox"/> \$745     | <input type="checkbox"/> \$760     | <input type="checkbox"/> \$785     |
| Single Conference day(s)<br>□ 11/15   □ 11/16   □ 11/17                                      | <input type="checkbox"/> \$440/day | <input type="checkbox"/> \$465/day | <input type="checkbox"/> \$515/day |

## Preconference Programs (Nov. 14)

First, select program(s):

Full-day programs (select one)

- Biobanking in the Era of Precision Medicine   
  IRB 101   
  Critical Topics in SBER  
 Implementing the Revised Common Rule   
  IRB Chairs Boot Camp   
  Single IRBs: From Idea to Implementation

OR: Half-day programs (select one total or one in each time slot)

- AM programs**  
 Ethical and Practical Issues in Global Research   
  Tips and Tools for Effective Education and Training  
**PM programs**  
 Ethical and Regulatory Review of Research: Case Studies   
  Ethical Study Design is Good Science

Then, select the corresponding fee:

| Member Rates <b>M</b>                     | Early bird<br>(by 7/9)         | Regular<br>(10/24)             | Late<br>(11/17)                |
|---|--------------------------------|--------------------------------|--------------------------------|
| Full-day program or two half-day programs | <input type="checkbox"/> \$285 | <input type="checkbox"/> \$310 | <input type="checkbox"/> \$360 |
| One half-day program only                 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$180 |
| Nonmember Rates                           | Early bird<br>(by 7/9)         | Regular<br>(10/24)             | Late<br>(11/17)                |
| Full-day program or two half-day programs | <input type="checkbox"/> \$415 | <input type="checkbox"/> \$440 | <input type="checkbox"/> \$490 |
| One half-day program only                 | <input type="checkbox"/> \$205 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$245 |

Total: \$ \_\_\_\_\_

(Conference registration + optional membership + optional Preconference program)

**See reverse to enter payment information.**

## Choose your sessions and panels

|             |                   |                              |  |
|-------------|-------------------|------------------------------|--|
| November 15 | 10:30-11:45 AM    | Panel<br>(select one)        | <input type="checkbox"/> I<br><input type="checkbox"/> II<br><input type="checkbox"/> III    |
|             | 1:15-2:30 PM      | Workshop A _____             |  |
|             | 3:00-4:15 PM      | Workshop B _____             |  |
| November 16 | 10:00-11:00 AM    | Explorations<br>(select one) | <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C       |
|             | 11:15 AM-12:30 PM | Workshop C _____             |  |
|             | 1:45-3:00 PM      | Panel<br>(select one)        | <input type="checkbox"/> IV<br><input type="checkbox"/> V<br><input type="checkbox"/> VI     |
|             | 3:30-4:45 PM      | Workshop D _____             |  |
| November 17 | 10:00-11:15 AM    | Panel<br>(select one)        | <input type="checkbox"/> VII<br><input type="checkbox"/> VIII<br><input type="checkbox"/> IX |
|             | 11:30 AM-12:45 PM | Workshop E _____             |  |

## Special Events

- First-Time Attendee Breakfast (Nov. 15)
- Meet the Author Lunch and Book Signing (Nov. 15)
- Networking Lunch for Global Attendees (Nov. 15)
- Young Professionals Networking Reception (Nov. 15)

## Professional Identification

Please select your primary responsibility:

- |   |   |
|---|---|
| <input type="checkbox"/> Advocacy Org. Rep.                           | <input type="checkbox"/> IBC Staff (Admin./Coord./Director/Manager) |
| <input type="checkbox"/> Attorney                                     | <input type="checkbox"/> IRB/REC Chair                              |
| <input type="checkbox"/> Educator                                     | <input type="checkbox"/> IRB/REC Member                             |
| <input type="checkbox"/> ESCRO Chair/Member                           | <input type="checkbox"/> Industry Representative                    |
| <input type="checkbox"/> ESCRO Staff (Admin./Coord./Director/Manager) | <input type="checkbox"/> Institutional Official                     |
| <input type="checkbox"/> Ethicist                                     | <input type="checkbox"/> Laboratory Manager                         |
| <input type="checkbox"/> Faculty Member                               | <input type="checkbox"/> Laboratory Staff                           |
| <input type="checkbox"/> Government Employee                          | <input type="checkbox"/> Media Representative                       |
| <input type="checkbox"/> Grants/Contracts Officer                     | <input type="checkbox"/> Policymaker                                |
| <input type="checkbox"/> Hospital Administrator                       | <input type="checkbox"/> Quality Assurance Staff                    |
| <input type="checkbox"/> HRPP/IRB/REC Director/Manager                | <input type="checkbox"/> Regulatory Compliance Coordinator/Officer  |
| <input type="checkbox"/> HRPP/IRB/REC Staff (Admin./Coord.)           | <input type="checkbox"/> Researcher                                 |
| <input type="checkbox"/> IBC Chair/Member                             | <input type="checkbox"/> Research Administrator                     |
|   | <input type="checkbox"/> Research Coordinator/Staff                 |
- Other: \_\_\_\_\_

## Institutional Affiliation

Please select your primary affiliation:

- |  |  |
|--|--|
| <input type="checkbox"/> Advocacy Organization                       | <input type="checkbox"/> Hospital/Medical Center (Animal Facility) |
| <input type="checkbox"/> Alaskan/Hawaiian Native-Serving Institution | <input type="checkbox"/> Hospital/Medical Center (Community)       |
| <input type="checkbox"/> Cancer Center                               | <input type="checkbox"/> Hospital/Medical Center (Pediatric)       |
| <input type="checkbox"/> Clinic                                      | <input type="checkbox"/> Hospital/Medical Center (Other)           |
| <input type="checkbox"/> Company (Pharma/Biotech)                    | <input type="checkbox"/> Independent/Commercial IRB                |
| <input type="checkbox"/> Company (Other)                             | <input type="checkbox"/> Mental Health Research Facility           |
| <input type="checkbox"/> Correctional Facility                       | <input type="checkbox"/> Nonprofit Organization/NGO                |
| <input type="checkbox"/> Foundation                                  | <input type="checkbox"/> Public Institution                        |
| <input type="checkbox"/> Geriatric Research Facility                 | <input type="checkbox"/> Research Center/Institute                 |
| <input type="checkbox"/> Government Agency                           | <input type="checkbox"/> Tribal University/College or Institution  |
| <input type="checkbox"/> Health System                               | <input type="checkbox"/> University/College (Animal Facility)      |
| <input type="checkbox"/> Hispanic-Serving Institution                | <input type="checkbox"/> University/College (Medical)              |
| <input type="checkbox"/> Historically Black College or University    | <input type="checkbox"/> University/College (Non-medical)          |
| <input type="checkbox"/> Hospital/Medical Center (Academic)          |  |
- Other: \_\_\_\_\_

## Payment Information

Purchase order:

\_\_\_\_\_

Purchase Order number

Check:

\_\_\_\_\_

Check number

Credit Card:

\_\_\_\_\_

Card number

Expiration date: \_\_\_\_ / \_\_\_\_

Card type:  Amex  Mastercard  Visa

\_\_\_\_\_

Name on Card

## Return this form

Please send your completed registration form to PRIM&R via:

**Mail:** P.O. Box 845203  
Boston, MA 02284-5203

**Fax:** 617.423.1185

**Email:** registration@primr.org

*Note: Payments requiring signature upon delivery must be sent to:*

PRIM&R  
20 Park Plaza, Suite 720  
Boston, MA 02116