



**REGISTRATION AND RENEWAL FORM**

Please fax this registration form to 617.423.1185, email it to [registration@primr.org](mailto:registration@primr.org), or mail it to PRIM&R, P.O. Box 845203, Boston, MA 02284-5203, together with your payment information.

**CONTACT INFORMATION**

Name \_\_\_\_\_

Degree(s): \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_

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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](mailto:privacy@primr.org). I want to receive email from PRIM&R:  Yes  No

RATES	
<input type="checkbox"/> Individual PRIM&R Member Rate License	\$350
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Expected number of people anticipated to take the course: _____		
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\* Please note, the person whose name the registration is under will receive the membership. PRIM&R does not offer group, institutional, or departmental memberships.

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Payment is required to complete your registration.

Mailing address: PRIM&R  
 P.O. Box 845203  
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**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](mailto: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)<sup>™</sup>. 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](mailto:registration@primr.org) with any questions. Visit [www.primr.org](http://www.primr.org) for updates.