

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 mmorris@primr.org to discuss these needs

Accessibility

I have a disability or need special accommodations. I will email mmorris@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.

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

Conference Registration (April 2-3)

● Add PRIM&R membership with this registration for \$199

By selecting this option, you are eligible for all **M** Member Rates below. You can also select this option to renew an existing PRIM&R membership. If you are not a PRIM&R member and do not add membership, register at the nonmember rates. Note: those wishing to become NWABR members must contact executivedirector@nwabr.org.

Member Rates M (PRIM&R or NWABR Members)	Regular (by 2/26)	Late (2/27-4/4)
Full Conference	<input type="radio"/> \$680	<input type="radio"/> \$730
Add NWABR IACUC/IBC Conference	<input type="checkbox"/> +\$250	<input type="checkbox"/> +\$300
Student/Young Professional*	<input type="radio"/> \$525	<input type="radio"/> \$575
Add NWABR IACUC/IBC Conference	<input type="checkbox"/> +\$300	<input type="checkbox"/> +\$350
US Federal Government	<input type="radio"/> \$680	<input type="radio"/> \$680
Add NWABR IACUC/IBC Conference	<input type="checkbox"/> +\$300	<input type="checkbox"/> +\$350
Single day: <input type="radio"/> 4/2 <input type="radio"/> 4/3	<input type="radio"/> \$385/day	<input type="radio"/> \$435/day
Nonmember Rates	Regular (by 2/26)	Late (2/27-4/4)
Full Conference	<input type="radio"/> \$879	<input type="radio"/> \$929
Add NWABR IACUC/IBC Conference	<input type="checkbox"/> +\$366	<input type="checkbox"/> +\$416
US Federal Government	<input type="radio"/> \$680	<input type="radio"/> \$680
Add NWABR IACUC/IBC Conference	<input type="checkbox"/> +\$425	<input type="checkbox"/> +\$475
Single day: <input type="radio"/> 4/2 <input type="radio"/> 4/3	<input type="radio"/> \$475/day	<input type="radio"/> \$525/day

Preconference Programs (April 1)

First, select program(s):

Full-day programs (select one)	<input type="radio"/> Beyond the Basics	<input type="radio"/> Essentials of IACUC Administration	<input type="radio"/> IACUC Fundamentals
OR: Half-day programs (select one or both)	<input type="checkbox"/> Decreasing Regulatory Burden	<input type="checkbox"/> Effective Communication Strategies for Animal Care and Use Programs	

Then, select the corresponding fee:

Member Rates M (PRIM&R or NWABR Members)	Regular (by 2/26)	Late (2/27-4/4)
Full-day program or two half-day programs	<input type="radio"/> \$295	<input type="radio"/> \$345
One half-day program only	<input type="radio"/> \$140	<input type="radio"/> \$165
Nonmember Rates (PRIM&R or NWABR Members)	Regular (by 2/26)	Late (2/27-4/4)
Full-day program or two half-day programs	<input type="radio"/> \$425	<input type="radio"/> \$475
One half-day program only	<input type="radio"/> \$205	<input type="radio"/> \$240

NWABR IACUC/IBC Conference Only (April 4)

PRIM&R or NWABR member M	<input type="radio"/> \$300	<input type="radio"/> \$350
Nonmember	<input type="radio"/> \$425	<input type="radio"/> \$475

Total purchase amount: \$ _____

(Conference registration + optional PRIM&R membership + optional Preconference program (s) + optional NWABR IBC/IACUC Conference registration)

See reverse to enter payment information.

*To be eligible for this rate you must be under 30 on 3/1/19, or a student. (Members only).

PRIM&R is hosting IACUC19 in conjunction with the the NWABR Regional IACUC/IBC Conference, which will take place on April 4 in the same location. If you'd like to add registration for this event, please check the corresponding box in the grid on the reverse. Member rates are available to both PRIM&R and NWABR members.

Choose your PRIM&R IACUC19 sessions

April 2	11:30 AM-12:45 PM	Session A _____
	3:15-4:30 PM	Session B _____
	4:45-6:00 PM	Session C _____
April 3	11:15 AM-12:30 PM	Session D _____
	1:45-3:00 PM	Session E _____

Special Events

- Breakfast: Welcome to First-Time Attendees (April 2)
- Young Professionals Networking Reception (April 2)

Professional Identification

Please select your primary responsibility:

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