



WORKSHOP ON DEMAND

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

CONTACT INFORMATION

Name _____

Degree(s) _____ Job Title _____

Institution _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Email _____

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

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

REGISTRATION OPTIONS

RATES	
<input type="checkbox"/> Individual PRIM&R Member Rate	\$345
<input type="checkbox"/> Individual Nonmember Rate	\$544
<input type="checkbox"/> Individual Registration + Membership <i>Add a one-year individual PRIM&R membership to your order for no additional cost!</i>	\$544
<input type="checkbox"/> Group Member Rate*	\$1,325
<input type="checkbox"/> Group Nonmember Rate*	\$1,524
<input type="checkbox"/> Group Registration + Membership <i>Add a one-year individual PRIM&R membership to your order for no additional cost! Please note, the person whose name the registration is under will receive the membership. PRIM&R does not offer group, institutional, or departmental memberships.</i>	\$1,524

Expected number of people anticipated to take the course: _____

*This option is available to institutions and has no cap on the number of users. Please see the Policies section for details.

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.

Mailing address: PRIM&R
P.O. Box 845203
Boston, MA 02284-5203

POLICIES

This course is non-refundable and non-transferrable. Institutions with multiple campuses and/or schools are required to purchase a separate registration for each entity. If you have any questions regarding a group registration, please contact the PRIM&R office at 617.423.4112. There is no cap on the number of learners.

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

THANK YOU

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.