

REGISTRATION APPLICATION

CRA Training Certificate Program Fundamentals of Clinical Research

Register by completing the information below and email to
info@cra-training.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Company Name: _____

List All Degrees Obtained and Name of Institution / Certification Background: _____

Fee: \$1,700.

Payment Method: Check enclosed for _____

Credit Card: MC VISA AMEX DISCOVER (Circle One)

Credit Card Security Code: _____

\$ Amount: _____

Card #: _____ **Exp. Date:** _____

Name on Card: _____

Billing Address: (Same as above) _____

Signature: _____

Make checks payable to **Medical Research Management**.

Mail to: **Medical Research Mgt; 6250 Coral Ridge Drive Suite 100, Coral Springs, FL 33076**

Cancellations and Substitutions

Cancellations by registrants must be provided in writing prior to the start date of the seminar, such registrants shall receive a credit voucher toward a future MRM seminar. Companies may substitute someone registered with another participant at any time. MRM reserves the right to cancel a seminar due to poor enrollment or acts of nature and shall not be responsible for any airfare, hotel, or other costs. MRM shall offer a credit voucher to a future seminar or a complete refund for MRM Seminar cancellations. Seminar topics and speakers may be subject to change without any prior notice.



Our Corporate Headquarters in Coral Springs, FL

DATES

March 11-14 & 18 - Virtual Classroom

May 6-10 & 13 - Virtual Classroom

September 16-20 & 23 - Virtual Classroom

- **Six Self-Paced Learning modules to be completed before Day 1.**
- **Day 1-4: 9 AM-5 PM, recorded review and discussion**
- **Day 5 Exam 9 AM-12:00PM**