

IACUC Core Training
Registration Form

Contact Information

Name, Credential(s):

Title:

Institution:

Address:

City/State/Zip:

Phone:

Fax:

Email:

Data & Privacy

PRIM&R shares a list of registrants with participating supporters/exhibitors before/after the program (does not include email addresses). **I wish to be included in this list:** Yes No

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties. **I want to participate in these research activities:** 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 1421, Boston, MA 02116, or via email at privacy@primr.org. **I want to receive email from PRIM&R:** Yes No

Responsibility Areas

Select all that apply.

<input type="checkbox"/> Attending Veterinarian	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Conflict of Interest Personnel	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Personnel	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> Educator	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Research Counsel/Attorney
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IBC Administrative Personnel	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Research Personnel
<input type="checkbox"/> Grants/Contracts Personnel	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Researcher
<input type="checkbox"/> HRPP/IRB/REC Administrative Personnel	<input type="checkbox"/> IBC Director/Manager	<input type="checkbox"/> Public Relations/Communications Personnel	<input type="checkbox"/> Student
<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Leadership/Executive/Institutional Official	<input type="checkbox"/> Quality Assurance Personnel	<input type="checkbox"/> Veterinary Personnel
<input type="checkbox"/> IACUC Administrative Personnel	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Regulator/Policy maker	<input type="checkbox"/> Other: _____

Interest Areas

PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/ Educational/Behavioral
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Registration Options			
	IACUC Fundamentals (June 7 and 14)	Essentials of IACUC Administration (June 22 and 29)	Both Courses
PRIM&R member rate	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
Nonmember rate	<input type="checkbox"/> \$349	<input type="checkbox"/> \$349	<input type="checkbox"/> \$698
Membership: Not a member yet? Add membership to your registration and receive the member rate!			
One-year individual membership	<input type="checkbox"/> \$199		

Payment Method & Submission	
Purchase Order	PO #: _____ Please include a copy of the purchase order with registration. Your purchase will not be processed until the purchase order is received.
Check	Check #: _____ If you are paying by check, please note that payment is expected before your purchase can be processed. Please make checks payable to PRIM&R. Your purchase will not be processed until the check is received.
Credit Card	AMEX/MC/VISA CC #: _____ Expiration: _____ CVV: _____ Name on Card: _____ <i>Credit card payments are also accepted online at www.primr.org.</i>

If paying by check, send your completed order form and payment to PRIM&R:
P.O. Box 849502, Boston, MA 02284-9502
Fax: 617.423.1185
Email: registration@primr.org

Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact registration@primr.org if you have questions.

Agreement to PRIM&R's Policies

Once you register for this event, you are responsible for all fees, regardless of whether you attend; PRIM&R does not accept registration cancellations for virtual programs where recordings of the program/event are available after the live broadcast.

By signing and submitting this order form, I acknowledge that I have read and understand [PRIM&R's Policies](#), and I hereby agree to all terms and conditions as stated.

Signature

Date