

IACUC20 Virtual Conference Registration Form

Contact Information

Name, Credentials:

Title:

Institution:

Address:

City/State/Zip:

Phone:

Fax:

Email:

Registration Rates

Price

Member **M**

\$400

Nonmember

\$599

Conference + Membership

\$599

Add PRIM&R membership **M** to this registration for \$199

By selecting the “Conference+Membership” option, you are eligible for the member rate. You can also select this option to renew an existing PRIM&R membership. If you are not a PRIM&R member and do not want to add membership, select the nonmember rate.

Data & Privacy

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

See next page to enter payment information.

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.) | |
| <input type="checkbox"/> 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: | |
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Payment Method

Credit Card AMEX/MC/VISA CC # _____
Expiration: _____ Name on Card _____

Check Check # _____
If you are paying by check, please note that payment is expected before your registration can be processed. Please make checks payable to PRIM&R. Your registration will not be processed until the check is received (see payment address below).

Purchase Order PO # _____
Please include a copy of the purchase order with your registration. Your registration will not be processed until the purchase order is received (see payment address below).

Before registering for this event, please review our [Registration Policies](#).

Please send your completed registration form and payment (if paying by check) to PRIM&R:

Mail: P.O. Box 849502
Boston, MA 02284-5203
Fax: 617.423.1185
Email: registration@primr.org

Note: Our office is currently closed; we cannot accept payments requiring a signature. Please contact registration@primr.org if you have questions.