

## PRIM&R Webinar: Leading Up, Down, and Across Your Organization

Wednesday, May 26, 2021 | 1:00-2:15 PM ET

### Contact Information

Name, Credential(s):

Title:

Institution:

Address:

City/State/Zip:

Phone:

Fax:

Email:

### Data & Privacy

PRIM&R shares a list of webinar attendees' names and mailing addresses with webinar supporters (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 720, Boston, MA 02116, or via email at [privacy@primr.org](mailto:privacy@primr.org).

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

### Primary Responsibility

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./Coordinator/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 Admin/Coord/Dir/Mgr	<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./Coordinator)	<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.

Please select all that interest you:

<input type="checkbox"/> Animal Care & Use/ Animal Wellbeing	<input type="checkbox"/> Public Policy
<input type="checkbox"/> Biosafety	<input type="checkbox"/> Responsible Conduct of Research
<input type="checkbox"/> Compliance/Regulatory Affairs	<input type="checkbox"/> Research Ethics
<input type="checkbox"/> Global Research	<input type="checkbox"/> Stem Cell Research
<input type="checkbox"/> Human Subjects Protections – Biomedical	<input type="checkbox"/> Other:
<input type="checkbox"/> Human Subjects Protections – Social/Educational/Behavioral	
<input type="checkbox"/> Legal	

Registration Options	
<b>Individual Rates:</b> Registration grants access to the registrant only.	
<input type="checkbox"/> PRIM&R member rate	\$0
<input type="checkbox"/> Nonmember rate	\$170
<b>Membership:</b> Not a member yet? Add membership to your registration and receive member pricing!	
<input type="checkbox"/> One-year individual membership	\$199
<b>Registration Transfer:</b> If this form is being submitted as part of a registration transferal, select from the transfer fees below. The registration transferal policy and form can be found at <a href="http://primr.org/policies">primr.org/policies</a> .	
<input type="checkbox"/> PRIM&R Member transfer fee	\$75
<input type="checkbox"/> Nonmember transfer fee	\$100

Payment Method & Submission	
Purchase Order	<b>PO #:</b> _____ Please include a copy of the purchase order with registration. Your registration will not be processed until the purchase order is received.
Check	<b>Check #:</b> _____ 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.
Credit Card	<b>AMEX/MC/VISA CC #:</b> _____ Expiration: _____ CVV: _____ Name on Card: _____  <i>Credit card payments are also accepted through online registration at <a href="http://www.primr.org">www.primr.org</a>.</i>

**If paying by check, send your completed registration form and payment to PRIM&R:**

P.O. Box 849502, Boston, MA 02284-9502

Fax: 617.423.1185

Email: [registration@primr.org](mailto:registration@primr.org)

*Note: Our office at 20 Park Plaza is currently closed due to COVID-19; payments must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact [registration@primr.org](mailto:registration@primr.org) if you have questions.*

30 Day Access Policy
This content will be available for 30 days after the program airs. After 30 days, access to the content will be removed, but users will retain access to any certificates of attendance earned. After access has expired, users can purchase an additional 30 days of access.

Agreement to Event 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 registration 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