



PROMEDICA INTERNATIONAL GCP TUTORIAL REGISTRATION FORM

Your name: _____

Organization: _____

Email: _____ Phone: _____

Reason for course registration: _____

Date by which you wish registration(s) to be active: Month: _____ Day: _____ Year: _____

Trainee Information

Name	Email	Tutorial Desired (Please specify one)		CME/CEU Credits Desired?
1.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
5.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Contact Information for Person to Whom Our Invoice Should Be Directed

Name: _____

Organization: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____



Do you have any additional comments or questions?

Please return Registration Form to:

GCP Tutorial Administrator
Promedica International
3100 Bristol Street, Suite 250
Costa Mesa, CA
Fax: 714-460-7364