



Registration Form

Contact Information (* = required information)

| | | |
|------------------|---------------|-----------|
| Name*: | Credentials: | Pronouns: |
| Title*: | Institution*: | |
| Address*: | | |
| City/State/Zip*: | | |
| Phone*: | Fax: | Email*: |

Registration Selections (select all that apply; you must be registered for each offering of interest)

| REGISTRATION CATEGORY | EARLY BIRD (June 22-Aug 1) | REGULAR (Aug 2-Dec 6*) |
|---|---------------------------------|---------------------------------|
| PRIMR23—TWO DAYS** (December 4-5) | | |
| Member | <input type="checkbox"/> \$765 | <input type="checkbox"/> \$865 |
| Nonmember | <input type="checkbox"/> \$995 | <input type="checkbox"/> \$1095 |
| Government Employee*** | <input type="checkbox"/> \$765 | <input type="checkbox"/> \$865 |
| Student**** | <input type="checkbox"/> \$385 | <input type="checkbox"/> \$485 |
| Emerging Professional***** | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$675 |
| PRIMR23—THREE DAYS** (December 4-6) | | |
| Member | <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$1100 |
| Nonmember | <input type="checkbox"/> \$1215 | <input type="checkbox"/> \$1330 |
| Government Employee** | <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$1100 |
| Student**** | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$600 |
| Emerging Professional***** | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$850 |
| SBER23 (December 3) | | |
| Member | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$430 |
| Nonmember | <input type="checkbox"/> \$445 | <input type="checkbox"/> \$495 |
| PRIMR23 HALF DAY WORKSHOPS (December 3; select courses on next page) | | |
| Member | <input type="checkbox"/> \$190 | <input type="checkbox"/> \$240 |
| Nonmember | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$305 |
| PRIMR23 FULL DAY WORKSHOPS (December 3; select courses on next page) | | |
| Member | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$430 |
| Nonmember | <input type="checkbox"/> \$445 | <input type="checkbox"/> \$495 |
| PRIMR23/SBER23 VIRTUAL MEETING (December 3-6) | | |
| Member | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$650 |
| Nonmember | <input type="checkbox"/> \$830 | <input type="checkbox"/> \$880 |
| Government Employee*** | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$650 |
| Student**** | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |

*In-person registration closes on December 1; virtual meeting registration closes on December 6.

**We are not offering one day rates or a two-day rate that is only December 5-6.

***Government Rate: Applies to anyone working for a Federal Government Agency. Before registering, [email us](#) from your government email address to request access. Once your employment is confirmed, you will be notified that you can register.

****Student Rate: Available to anyone enrolled full-time in a high school or college/university at the time of the conference. Before registering, [email us](#) a copy of your student enrollment. After this information is received, you will be notified that you can register.

*****Emerging Professional Rate: Available for those individuals who will be 30 or younger at the time of the conference. Before registering, [email us](#) a copy of a government issued photo ID that includes your birthdate. After this information is received, you will be notified that you can register. There is not an Emerging Professionals rate for the Virtual Meeting.

PRIMR23 Workshop Selections: If you selected Workshop(s) above, select the course(s) you're interested in attending (each course is a separate fee). Attendees can attend one morning and one afternoon workshop, but attendees cannot attend a full day Workshop or SBER23 and the half day Workshops.

| | |
|--------------------------|---|
| <input type="checkbox"/> | FULL-DAY: Introduction to the IACUC (<i>Animal Care and Use</i>) |
| <input type="checkbox"/> | FULL-DAY: Introduction to the IRB: Ethics and Regulation (<i>Human Subjects Research</i>) |
| <input type="checkbox"/> | FULL-DAY: Institutional Official Discussion: Navigating Ethical and Regulatory Challenges While Accelerating Research (<i>Institutional Leadership</i>) |
| <input type="checkbox"/> | AM, HALF-DAY: Leadership Development: Pathways to Career Growth for Senior Research Oversight Personnel (<i>Crossover</i>) |
| <input type="checkbox"/> | AM, HALF-DAY: Mastering FDA Regulations: Strategies for Review and Oversight of Complex Research Scenarios (<i>Human Subjects Research</i>) |
| <input type="checkbox"/> | AM, HALF-DAY: Overseeing Decentralized Clinical Trials: Navigating Ethical and Regulatory Challenges With Single IRBs (<i>Human Subjects Research</i>) |
| <input type="checkbox"/> | AM, HALF-DAY: Building a Non-Burdensome Postapproval Monitoring Program (<i>Animal Care and Use</i>) |
| <input type="checkbox"/> | PM, HALF-DAY: Building your Toolbox: Digital Learning Tools (<i>Crossover</i>) |
| <input type="checkbox"/> | PM, HALF-DAY: Designing and Implementing a Robust Responsible Conduct of Research Education Program (<i>Crossover</i>) |
| <input type="checkbox"/> | PM, HALF-DAY: Building Community Support for Your Animal Research Program (<i>Animal Care and Use</i>) |

Membership: Not a member yet? Add membership to your registration to receive member pricing!

| | |
|--------------------------------|--------------------------------|
| One-year individual membership | <input type="checkbox"/> \$215 |
|--------------------------------|--------------------------------|

Registration Transfer: 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 primr.org/policies.

| | |
|--------------|-------------------------------|
| Transfer fee | <input type="checkbox"/> \$75 |
|--------------|-------------------------------|

| Data & Privacy | 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: | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Canadian and EEA/EU Residents Only:</i> 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: | <input type="checkbox"/> | <input type="checkbox"/> |
| PRIM&R shares a list of registrants' names and mailing addresses with participating supporters/exhibitors before/after the program. I wish to be included in this list*: | <input type="checkbox"/> | <input type="checkbox"/> |
| *Regardless of your choice, when in the event platform, vendors will have individual pages and may be supporting certain events (noted on agenda). Clicking on these pages and/or participating in these events means you agree to share your information with the vendor (including email address). On-site, some vendors will be using lead retrieval to obtain attendee information. If you don't wish to share your information, do not have your badge scanned by vendors. | | |

Primary Role: Select one (required)

| | | | |
|--|--|--|--|
| <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/ Policymaker | <input type="checkbox"/> Other: _____ |

Secondary Role: Select one (optional)

| | | | |
|--|--|--|--|
| <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: _____ |

Primary Focus Area: Which area do you work in the most? Select one (required).

| | |
|---|---|
| <input type="checkbox"/> Animal Care & Use/Animal Welfare | <input type="checkbox"/> Human Subjects Protections |
| <input type="checkbox"/> Both | <input type="checkbox"/> Other: _____ |

Overall Interest Area: To better inform you of our programs/services, indicate below your areas of interest (required).

| | |
|---|---|
| <input type="checkbox"/> Animal Care & Use/Animal Welfare | <input type="checkbox"/> Human Subjects Protections |
| <input type="checkbox"/> Both | <input type="checkbox"/> Other: _____ |

Payment Method & Submission

| | |
|-----------------------|---|
| Purchase Order (PO) | PO #: _____ |
| ACH and Wire Transfer | Banking information to pay by ACH and Wire Transfer: Cambridge Savings Bank, 1374 Massachusetts Ave, Cambridge, MA, 02138. Account Number 11113454, Routing Number 211371120. <i>Please include the sales order number from your invoice on the payment remittance so we know where to apply payment.</i> |
| Check | Check #: _____ If you are paying by check, make checks payable to PRIM&R. <i>Please include the sales order numbers from the invoice(s) on the payment remittance so we know where to apply payment.</i> Mail check to the address below. |
| Credit Card | To keep your information secure, credit card payments are accepted through online registration at www.primr.org . Contact registration@primr.org with any questions. |

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

Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Contact registration@primr.org with 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 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