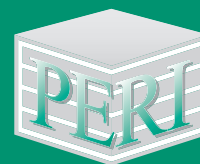


# Registration Form



NAME OF PROGRAM \_\_\_\_\_ DATES OF PROGRAM \_\_\_\_\_ COURSE/WORKSHOP# \_\_\_\_\_

Dr./Mr./Ms. \_\_\_\_\_ Degree(s) \_\_\_\_\_  
First Name MI Last Name

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Therapeutic Area of Work \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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PERI's Certificate Programs *(Visit our website for more information) Please sign me up in the following professional areas:*

Basic Research  Clinical Sciences  Project Management  Quality Assurance Compliance

## Participant Profile

This section must be completed for your registration to be processed. It is strictly confidential and it is used by the faculty to help fine tune their presentations to fit the needs of the audience. Attach an additional sheet if necessary.

1. How long have you been in your current position?

2. Identify below three specific learning objectives you want to accomplish:

3. How will you apply the information gained from this course to your job?

## Payment Method

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**Check enclosed.** Please make checks in U.S. dollars payable to PERI, Inc. We regret we cannot accept personal checks.

**Check Request Enclosed.** (Note: PERI requires payment at least three weeks prior to the start of the program.)

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Address of Cardholder \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

\$ \_\_\_\_\_ Total Amount Charged or Enclosed

How may we contact you in order to provide information on future PERI Courses? Please check all that apply.

\_\_\_\_MAIL \_\_\_\_EMAIL

## PERI Contact Information

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You can also register for courses on our website at [www.peri.org](http://www.peri.org).