

## WEBINARS REGISTRATION FORM FOR 1 – 4 ATTENDEES FROM THE SAME INSTITUTION

Point of contact name and email: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REGISTRATION FEES**

(Pre-registration closes Tuesday, February 14th)

All registrations include access to a non-transferable recording of the Webinar and a certificate of attendance noting educational credit. **You must be a registered attendee to receive credit.** Registered attendees will receive a link to access their Webinar, which will also contain access to a PDF of the presentation along with any supplemental handouts, prior to the scheduled event.

<b>EU Horizon 2020: What Opportunities for Interntional Cooperation</b>	Per SRA Member	Per Non-member
Wednesday, February 15, 2017, 2:00 – 3:00 pm Eastern Time		
	_____ \$95	_____ \$165

*Membership Discount not available to Affiliate Members*

**ATTENDEE 1**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ SRA Member      \_\_\_\_\_ Non-Member

**ATTENDEE 2**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ SRA Member      \_\_\_\_\_ Non-Member

**ATTENDEE 3**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ SRA Member      \_\_\_\_\_ Non-Member

**ATTENDEE 4**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ SRA Member      \_\_\_\_\_ Non-Member

## REGISTRATION SUMMARY

### WEBINARS:

# Webinar Registrations - member: \_\_\_\_\_ x \$95 \$ \_\_\_\_\_  
# Webinar Registrations - non-member: \_\_\_\_\_ x \$165 \$ \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_

### PAYMENT INFORMATION

Full payment must accompany your registration form. Your signature below authorizes SRA International to charge your credit card the total meeting rate.

Check (payable to SRA International)     VISA     MasterCard     AMEX     Discover

Card Number: \_\_\_\_\_ Security Code (3/4 digits): \_\_\_\_\_ Expiration: \_\_\_\_\_

Print Cardholders Name: \_\_\_\_\_ Total Due: \_\_\_\_\_

Additional Email for Receipt Confirmation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email your completed registration form with credit card information to [registration@srainternational.org](mailto:registration@srainternational.org), Fax to 703-741-0142 or mail your completed registration form with check to: SRA International, 1560 Wilson Boulevard, Suite 310, Arlington, VA 22209. Checks must include participant name and completed registration form.**

## POLICIES

### **Cancellation**

Written requests for registration refunds must be postmarked **7 days before the Webinar**. Any cancellations submitted **7 days before the Webinar** are refunded less a \$25 cancellation fee per person. Please email [registration@srainternational.org](mailto:registration@srainternational.org) to cancel a registrant.

### **Registration**

We **cannot** process any payment for registration forms without full payment. **Invoices will NOT be issued. Purchase orders are NOT accepted.**