

GROUP WEBINAR REGISTRATION FORM

Point of contact name and email: _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION FEES

(Pre-registration closes Tuesday, February 14th)

Registrant is responsible for all charges.

Registration for the registrant includes access to an on-demand recording of the Webinar and a link to access the Webinar, which also contains access to a PDF of the presentation. Registrant is responsible for making this information accessible to other attendees. Registrant and attendees can all receive a certificate of attendance noting educational credit.

EU Horizon 2020: What Opportunities for International Cooperation

Wednesday, February 15, 2017 2:00 – 3:00 pm Eastern Time

Per SRA Member

Per SRA Member

Registration Fee: \$350

___ \$350

___ \$350

REGISTRANT

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

___ SRA Member ___ Non-Member

ATTENDEE 1

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

ATTENDEE 2

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

ATTENDEE 3

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

ATTENDEE 4

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Company/Institution: _____

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ATTENDEE 5

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ATTENDEE 6

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ATTENDEE 7

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ATTENDEE 8

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ATTENDEE 9

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ATTENDEE 10

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ATTENDEE 11

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ATTENDEE 12

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ATTENDEE 13

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ATTENDEE 14

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ATTENDEE 15

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ATTENDEE 16

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ATTENDEE 17

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ATTENDEE 18

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ATTENDEE 19

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Phone Number: _____ E-mail: _____

ATTENDEE 20

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

ATTENDEE 21

Name: _____ Title: _____

Company/Institution: _____

Phone Number: _____ E-mail: _____

REGISTRATION SUMMARY

WEBINARS:

Group Webinar Registration: \$350 \$_____

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, 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 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.**