

**2008 CIP Certification/Recertification  
Review Course Registration Form**

**Online Distance Learning Option**

Fax: (888) 492-1834 or register online at [www.irbsynergy.com](http://www.irbsynergy.com)

**Name and Mailing Information (use a separate form for each person)**

Name \_\_\_\_\_ (Full name, degree, certification)  
 Title \_\_\_\_\_  
 Department/Unit \_\_\_\_\_  
 Institution/Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State. \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Course Registration**

Summer 2008 <input type="checkbox"/>	No Classes <input type="checkbox"/>	Spring 2009 <input type="checkbox"/>	Summer 2009 <input type="checkbox"/>	No Classes <input type="checkbox"/>
Mail-in/Fax/Online		Mail-in/Fax/Online	Mail-in/Fax/Online	
Jul 1st, 2008 – Oct 27th, 2008	Oct 28th, 2008 - Mar 3rd, 2008	Mar 3rd, 2009- Jun 29th, 2009	Jun 30th, 2009 – Oct 26th, 2009	Oct 27th, 2009 - Mar 1st, 2008
\$1086.00  Ask for discount for multiple co-worker registrations.		\$1086.00  Ask for discount for multiple co-worker registrations.	\$1086.00  Ask for discount for multiple co-worker registrations.	

**Fax to**  
**(888) 492-1834**  
 If paying by credit card

Or  
 Mail this form and payment to:  
 IRB Synergy  
 12011 Vintage Point  
 San Antonio, Tx 78253

**Method of Payment**

\_\_\_ Money Order \_\_\_ Check  
 (U.S. funds only payable to IRB Synergy)

Charge my \_\_\_ Visa \_\_\_ Mastercard \$ \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

**Promotional code:** \_\_\_\_\_  
**Percent discount by Promotional code** \_\_\_\_\_

(Only one code may be used per form.)

**Total \$** \_\_\_\_\_