

**2009 CIP Certification/Recertification
Review Course Registration Form**

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

Holiday Inn, Riverwalk, SATX

August 3-6, 2009

(Hotel accommodations made separately)

(Block of rooms reserved under IRB Synergy)

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

Name _____ (Full name, degree, certification)
 Badge Name _____ (This name will appear on your name badge)
 Title _____
 Department/Unit _____
 Institution/Organization _____
 Mailing Address _____
 City _____ State. _____ Zip Code _____
 Work Phone _____ Fax _____ E-mail _____

Conference Registration

Pre-registration <input type="checkbox"/>	Early bird <input type="checkbox"/>	Regular <input type="checkbox"/>	Late	On-site
Mail-in/Fax/Online	Mail-in/Fax/Online	Mail-in/Fax/Online	Not Accepted	Not Accepted
Aug 1, 2009- Apr 30, 2009	May 1, 2009- May 31, 2009	Jun 1, 2009- Jun 12, 2009	Jul 13, 2009- Aug 2, 2009	Aug 3, 2009- Aug 6, 2009
\$1750	\$1750	\$1850	Registration Closed	Registration Closed

Special Requirements

___ Dietary _____
 ___ Sign interpreter
 ___ TDD
 ___ Wheelchair access

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 \$ _____