



## PROMEDICA INTERNATIONAL GCP TUTORIAL REGISTRATION FORM

Your name:	_____		
Organization:	_____		
Email:	_____	Phone:	_____
Reason for course registration:	_____		
Date by which you wish registration(s) to be active:	Month: _____	Day: _____	Year: _____

### Trainee Information

Name	Email	Tutorial Desired (Please specify one)		
1.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	
2.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	
3.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	
4.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	
5.		Coordinator (\$300): <input type="checkbox"/>	Investigator (\$300): <input type="checkbox"/>	

### Contact Information for Person to Whom Our Invoice Should Be Directed

Name:	_____				
Organization:	_____				
Email:	_____	Phone:	_____		
Street Address:	_____ _____				
City:	_____	State:	_____	Postal Code:	_____
Country:	_____				



Do you have any additional comments or questions?

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Please return Registration Form to:

GCP Tutorial Administrator  
Promedica International  
3100 Bristol Street, Suite 250  
Costa Mesa, CA  
Fax: 714-460-7364