

REGISTRATION

Please print clearly and use a separate form for each registrant.

Name _____

Institution/Organization _____

Address _____ Phone number _____

E-mail address _____ City, State, Zip _____

Please select the breakout sessions you would like to attend:

- Breakout Session 1**
- | | |
|--|---|
| <input type="checkbox"/> Nuts and Bolts of the HHS Regulation | <input type="checkbox"/> Clinical Data Research Networks |
| <input type="checkbox"/> Ethical Issues in Ethnographic Research | <input type="checkbox"/> The Ethics of Incidental Findings: Recommendations for IRB's and Researchers |
- Breakout Session 2**
- | | |
|---|--|
| <input type="checkbox"/> Special Consideration for the Review of Qualitative Research Protocols | <input type="checkbox"/> Data Sharing and Consent |
| <input type="checkbox"/> Finding Flexibilities in the Regulations | <input type="checkbox"/> Training and Assuring Adherence of Community Members in Human Subjects Protection |
- Breakout Session 3**
- | | |
|---|--|
| <input type="checkbox"/> Basics of Informed Consent | <input type="checkbox"/> Innovations in Informed Consent |
| <input type="checkbox"/> Economic Disadvantage in Human Subjects Research | <input type="checkbox"/> Capacity to Consent to Research Participation |

Continuing Education Credits Please indicate if you will be requesting Continuing Education credit for your participation in the Research Community Forum. To receive credit, you must submit an evaluation after the event.
 ACCME ANCC IDPFR CIP

Exhibitors Exhibitor registration of \$600.00 includes one clothed & skirted six foot table, two chairs, and up to two Forum registrations. Check payment is preferred. Please indicate if you have electrical needs and how many outlets will be needed: _____

On-site representative (1) _____

On-site representative (2) _____

Organization website _____

Special Needs (dietary or other) _____


Do you plan on attending the **RECEPTION** on July 27 from 5:00-7:00pm at the Holiday Inn Matteson? Yes No


Registration Fee


Registration Fee includes: full day program, continental breakfast, and a box lunch. Early Registration deadline is June 14. Standard Registration deadline is July 14. Written cancellations received at cknobel@ilstu.edu prior to July 14 will incur a \$15.00 processing fee. No refunds will be issued after July 14, 2015.


- \$110.00 Early registration (deadline June 14) \$125.00 Regular registration (deadline July 14) \$600.00 Exhibitor registration (deadline July 14)

Payment:

 **By Phone:** (800) 877-1478 or (309) 438-2160 using Visa, MasterCard, Discover, American Express or PO number, 8:00am – 4:30pm, Monday-Friday

 **By Mail:** Complete form and send with payment to:
OHRP Research Community Forum
Illinois State University Conference Services
Campus Box 8610
Normal, IL 61790-8610

 **On-line:** Visit www.conferences.illinoisstate.edu/OHRP using Visa, MasterCard, Discover or American Express

 **By Fax:** Fax completed form to (309) 438-5364 with credit card payment or copy of PO number

Check enclosed for \$ _____ (payable to Illinois State University)

Purchase Order # _____ (PO to be faxed to (309) 438-5364 within two business days)

- Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Signature on Card _____

Confirmation letter/receipt will be sent via e-mail. For registration questions, please contact Illinois State University Conference Services at (800) 877-1478 or conferences@ilstu.edu

Go online to <http://ohrpjuly15.illinoisstate.edu/> for more information about the Forum