Registration Form

Clinical Research: A Practical and Pragmatic Approach for Investigators

Cancer Center Boardroom NP2532, 615 18th Street South.

Name:		
Title: MD □	PhD ☐ Resident ☐	Other
Job responsibility: Investigator □ Sub-Investigator □ Other		
Blazer ID:	Department:	Division:
Campus Add:		
Phone:	Email:	
Background:		
No. of years in rese	earch and where:	
What GCP/ICH cou	urses have you taken in the pas	st?
Where did you hea	r about this Program?	
Have you taken an	y of the Research Education co	ourse in the past?
☐ Yes If yes, descr	ibe	□ No
	volved in research, what has h	een the study funding source?
If you have been in	volved in research, what has be	con the cracky randoming countries
•		Departmental
☐ Industry (pharma		Departmental