

Registrant Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

## PRE-MEETING WORKSHOP REGISTRATION

Registrants may sign up for a maximum of 2 half day workshops OR 1 full day workshop. Please indicate your workshop choice(s) by checking the appropriate box. Workshop titles are listed on the next page and in the program.

### SUNDAY

#### Full Day Workshops

8:00 AM - 5:00 PM  P1

#### Half Day Workshops

8:00 AM - 12:00 PM  P2  P3  P4  P5

1:00 PM - 5:00 PM  P6  P7  P8  P9

### SCT 2012 Workshop Schedule

**Sunday, May 20, 2012 – Full Day Workshop**  
8:00 AM – 5:00 PM

#### Workshop P1

Essentials of Randomized Clinical Trials

**Half Day Workshops – Morning**  
8:00 AM – 12:00 PM

#### Workshop P2

Trial and Site Management for Multi-Center Trials

#### Workshop P3

Practical Statistical Reasoning in Clinical Trials for Non-Statisticians

#### Workshop P4

Adaptive Clinical Trials

#### Workshop P5

Biomarkers in Clinical Trials: General Principles for Study Design and Statistical Evaluation with Case Studies

**Half Day Workshops – Afternoon**  
1:00 PM – 5:00 PM

#### Workshop P6

Challenges and Strategies of Clinical Data Management

#### Workshop P7

CDISC: How to Adapt to the Standards and How to Handle Data that Does Not Easily Fit into the Standards

#### Workshop P8

Statistical Procedures for Interim Analysis in Clinical Trials

#### Workshop P9

The Prevention and Treatment of Missing Data in Clinical Trials

## PAYMENT INFORMATION Please check applicable fee box.

Pre-Meeting Full Day Workshop  \$400

Pre-Meeting Full Day Workshop – Student\*  \$150

Pre-Meeting 1/2 Day Workshop

AM Workshop  \$250 PM Workshop  \$250

Pre-Meeting 1/2 Day Workshop – Student\*

AM Workshop  \$75 PM Workshop  \$75

Annual Meeting-Member  \$525

Annual Meeting-Non Member  \$725

(includes SCT membership through 12/31/12)

Annual Meeting-Student\*  \$150

\*(proof of student status must be provided with registration)

Single Day Admission - Monday  \$400

Single Day Admission - Tuesday  \$400

Single Day Admission - Wednesday  \$200

**Total Amount:** \$ \_\_\_\_\_

## PAYMENT METHOD

Visa

Mastercard

American Express

Check

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Cardholder's Name as it appears on Card \_\_\_\_\_