

# Pre-Course Questionnaire - To be completed by all delegates

Please complete and sent to [training@icr-global.org](mailto:training@icr-global.org) or fax to +44 01628 501 709

Course Title: H15 Powerful Communication: The Written Word

Date: 14 May 2019

**Name:** .....

**Company / Hospital:** .....

**Position / Job Title:** .....

**How much experience of clinical trials do you have? (Years)**

.....  
.....  
.....

**What are you hoping to get out of the day?**

.....  
.....  
.....

**State one issue/problem you would like discussed at the meeting**

.....  
.....  
.....

**Special Dietary Requirements**

.....  
.....  
.....

\* The ICR will work with the venue catering team and endeavour to accommodate specific dietary requirements e.g. Vegetarian/Vegan/Gluten Free - however it may not be possible to cover all requests for dietary preferences.