Pre-Course Questionnaire - To be completed by all delegates

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Please complete and sent to training@icr-global.org or fax to +44 01628 501 709

Course Title: EX1 Certificate EXAM

Date: 24 April 2020

Name: .....

Company / Hospital: .....

Position / Job Title: .....

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

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What are you hoping to get out of the day?

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Dietary Requirements

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* 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.