

Pre-Course Questionnaire - To be completed by all delegates

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

Course Title: K7 Vendor Oversight in Clinical Trials

Date: 12 May 2021

Name:

Company / Hospital:

Position / Job Title:

How much experience of clinical 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

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

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.