

## Interim Designation of Agent to Receive Notification of Claimed Infringement

Basic fee of \$105  
covers indexing  
of this one name.

**Full Legal Name of Service Provider:** Association of Clinical Research Professionals  
(ACRP)

Additional \$30  
per group of 10  
or fewer.

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** n/a

**Address of Service Provider:** 99 Canal Center Plaza, Suite 200, Alexandria, VA 22314

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Member Services Representative

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box  
or similar designation is not acceptable except where it is the only address that can be used in the geographic  
location):**  
99 Canal Center Plaza, Suite 200, Alexandria, VA 22314

**Telephone Number of Designated Agent:** 1-703-254-8100

**Facsimile Number of Designated Agent:** 1-703-254-8102

**Email Address of Designated Agent:** Office@acrpnct.org

**Signature of the Designating Service Provider:**

**Date:** 3/10/2014

**Typed or Printed Name and Title:** James Thomasell, Executive Director  
Association of Clinical Research Professionals

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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