



Your Clinical Trial on the ADAA Website

Principal Investigator

Name _____ Degree(s) _____

Affiliation _____

Address _____

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Are you an ADAA member? Yes No

Clinical trial listings are free for ADAA members. Membership status will be verified at the time the order is received. Nonmembers are required to pay \$75.00 per month.

Clinical Trial Information

Title of research study _____

>>> [Please e-mail these attachments:](#) 1) a brief description of the study, including eligibility and exclusion criteria; 2) a copy of the IRB approval letter. (Download this pdf form to your desktop; complete the fields; rename and send as an attachment to clinicaltrials@adaa.org.)

IRB approval #: _____

Study location(s) _____

Study contact name _____

Phone _____ E-mail _____ Fax _____

Website _____

Study start date _____ Study end date _____

Payment

Fee: \$75.00 per month for **nonmembers** _____ month(s) X \$75.00

TOTAL \$ _____

Visa MasterCard Check made payable to ADAA, in U.S. funds only

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