Your Clinical Trial on the ADAA Website

Principal Investigator

Name _____ Degree(s) _____

Affiliation _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____ E-mail _____

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 $250.00 for each trial location.***

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: _____ (this is required)

Payment

Fee: $250.00 per trial location for nonmembers

TOTAL **$_____**

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

Credit card # _____ Expires _____

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Authorizing signature _____

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