

Confidential

A.) Principal Investigator Information

Name: _____ Degree: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

B.) Listing Information

1.) Title of Research Study (this will appear at the top of your listing): _____

2.) Description of Study: Please **provide** an overview and description of the study, not to exceed 200 words.

3.) IRB Approval # _____ **Please provide a copy of the IRB approval letter.**

4.) Please **provide** Study Address/Contact name/Phone/Fax/Email for each site.

5.) Please **provide** participant eligibility criteria.

6.) Your study WebLink (optional): www. _____

7.) Please indicate your requested listing duration and the number of sites conducting the trial:

Duration of Posting:	Number of Investigational Sites:			
	1 to 10	11 to 20	21 to 30	31-50
3 months	\$2,400	4,800	9,600	19,200
6 months	4,200	8,400	16,800	33,600
9 months	5,400	10,800	21,600	43,200
12 months	6,000	12,000	24,000	48,000

Please note that clinical trial listings are FREE for Board members of the International Hyperhidrosis Society.

C.) Submit Payment:

Check (made payable to International Hyperhidrosis Society in USD)

MasterCard American Express Visa

Credit Card Number: _____ Expiration Date: _____

Printed Name on Card: _____

Authorized Signature: _____

Please mail, email, or fax this completed application and payment information to the address show here.

We will contact you with questions, approval, and posting schedule.

Lisa J Pieretti, MBA
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