



ADVERTISEMENT SUBMISSION FORM

PLEASE PROVIDE INFORMATION ABOUT THE INVESTIGATOR AND THE RESEARCH SITE:	
1.	Principal Investigator Name:
2.	Name of Primary Research Site: Address:
2a.	Research center phone number:
	Research center fax number:
3.	Principal Investigator email address:
4.	Study Coordinator name:
4a.	Study Coordinator phone number:
4b.	Study Coordinator fax number:
4c.	Study Coordinator email address:
5.	Indicate site preference for receiving documents: U.S. Mail Email
6.	Name of study advertisements will be used for:
7.	Has this study been approved by Liberty IRB? Yes No
7a.	Liberty IRB approval number: N/A



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8.	<p>Type of advertisements to be used:</p> <p style="text-align: center;">Print ad Radio ad TV ad Pamphlet/brochure Poster</p> <p style="text-align: center;">Other <i>(please indicate)</i></p> <p><i>A copy of all advertisements must accompany this application.</i></p>
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9.	<p>Describe how advertisements will be used:</p>
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Please Note:

It is strongly suggested that all video advertisement scripts be reviewed by the IRB prior to taping. Final format of video/radio ads must be approved by Liberty IRB.

Submitted advertisements will not be returned.

Approved ads may not be altered in any way without the written approval of Liberty IRB.

Please call Liberty IRB Customer Service (386) 740-9278 with any questions you may have.

NAME OF PERSON COMPLETING FORM (CONTACT PERSON FOR QUESTIONS):	
Name:	
Date:	Signature: