



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 _____

Name on card _____

Authorizing signature _____

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