

Scientific Review Committee (SRC) / Institutional Review Board (IRB) registration form

School(s)/district: _____ Date: _____

Fill out this form, print it, and mail it to:
EISEF Safety and Standards Committee
P.O. Box 10862
Cedar Rapids, Iowa 52410-0862

SRC/IRB Chair name	_____
Field of Study	_____
Degrees &/or qualifications	_____
Institutional affiliation	_____
Complete mailing address	_____
Telephone	day _____ night _____ fax _____
E-mail address	_____
Member name	_____
Field of Study	_____
Degrees &/or qualifications	_____
Institutional affiliation	_____
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