

Principal Investigator Signatures and Employer's Approval

Project Number:

Project Title:

<i>I agree with the information provided in the Application Form for the project stated above and will serve as an effective Team Leader for this work.</i>	
Principal Investigator Name:	Title/Organization:
Signature:	Date:
<i>I agree with the information provided in the Application Form for the project stated above and will provide the required resources from my Institution as outlined in the Application Form.</i>	
Principal Investigator's Employer's Name:	Title/Organization:
Signature:	Date:
<i>I agree with the information provided in the Application Form for the project stated above and will serve as an effective team member for this work.</i>	
Team Member Name:	Signature:
Team Member Name:	Signature:
Team Member Name:	Signature:
Team Member Name:	Signature:

Once complete, please send to research@rdar.ca.