



School Registration 2012

Registration Deadline: Tuesday, January 31, 2012

Directions: Complete this form to register your school for participation in the 2012 Greater East Alabama Regional Science and Engineering Fair.

The cost to participate is \$10.00 student entry. Entry fees should be submitted with the student registration form in February.

I. School Information

School Name: _____

School Address: _____
Street City State Zip Code

Teacher: _____ Most Frequently Used Email: _____

School Telephone: _____ School Fax: _____

Number of students you plan to bring as participants to the 2012 fair: _____

II. Local Scientific Review Committee (SRC)/Institutional Review Board (IRB) Information

All schools are required to have both a local SRC and IRB committee.

Note that SRC and IRB participants may serve on both committees and that teachers may NOT sign as the chairperson on either committee. All other SRC and IRB participants other than the teacher may serve as the chairperson.

- Required SRC Participants: Must have at least three members and include: one biomedical scientist (PhD, M.D., D.V.M., or D.O.), one science teacher, and one other member.
- Required IRB Participants: Must have at least three members and include: one science teacher, one school administrator, & either a psychologist, psychiatrist, medical doctor, or registered nurse.

The Local SRC and IRB will be responsible for approving student projects using the Approval Form (1B). All student projects requiring SRC/IRB approval should be signed and dated PRIOR to the beginning date of experimentation listed on the Student Checklist (Form 1A).

Local Scientific Review Committee (SRC):

Local SRC Chairperson: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Local SRC Committee Member: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and /or Qualifications: _____

Local SRC Committee Member: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and /or Qualifications: _____

Local Institutional Review Board (IRB):

Local IRB Chairperson: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Local IRB Committee Member: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and /or Qualifications: _____

Local IRB Committee Member: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and /or Qualifications: _____

Forward this School Registration Form to:

COSAM Outreach (GEARSEF)

131 Science Center Classrooms

Auburn University, AL 36849

Phone: 334-844-7449

Fax: 334-844-5740

E-mail: erin.percival@auburn.edu