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Mail

PAR, Inc.

16204 N. Florida Avenue
Lutz, Florida 33549 (USA)

1 Principal Investigator/Supervisor Information

Please provide the name of the principal investigator and any other investigators involved in the study:

Supervisor's name: _____ Supervisor's title: _____

School name and address: _____

Expected duration of the study: _____

2 Important Information About Your Research Study

Title of research: _____

Purpose of study: _____

Brief description, including methodology (attach additional documentation if necessary):

3 I certify that the information supplied above, including information regarding my supervision of this research project, is correct.

Signature of student (i.e., principal investigator)

Signature of supervisor

PAR Graduate Student Discount Order Form (continued)

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