

Local Fair SRC and IRB Registration for LPSEF

Local fair name (&/or schools associated with these committees):

SRC Members (please note who is the head of the SRC Committee, main contact person):

Science Teacher

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

Biomedical Scientist

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

Other

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

Other

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

IRB Members (Please note head/main contact person)

Science Teacher

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

School Administrator

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____

Evaluator of physical and/or psychological risks

Name, Title: _____

Address: _____

City, State, Zip _____

Phone, Email _____