*Please read, print and sign the form below. This will need to be uploaded and included with your grant submission. For any questions please contact office@iuga.org.*

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| 1. **PRINCIPLE INVESTIGATOR’S AGREEMENT** | |
| As the principal investigator, I agree that if this research grant proposal is awarded by IUGA, I will submit to the IUGA Research and Development Committee a progress report at 6 months after receipt of initial funding and a final report one month following completion of the research study period.  I also agree to submit the results of this investigation in the form of an abstract(s) to an IUGA Annual Meeting and submit a completed manuscript for consideration of publication to the *International Urogynecology Journal.* | |
| Name of Principal Investigator: |  |
| Signature of Principal Investigator: |  |
| Date: |  |
| Name of Department Chair: |  |
| Signature of Department Chair: |  |
| Date: |  |