*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.*

|  |
| --- |
| 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: |  |