INTERNATIONAL STUDY COMPENSATION VALIDATION FORM

(Submit to Dayna@CIAOSeminars.com)

Name: _____

Address: _____

Phone: _____

E-Mail: _____

- **You will receive an ID number at the <u>end of each session</u> (Not Submission).**
- **If you remain on the website and enter several patient submissions, you will have the <u>same ID number for that entire session</u> regardless of how many patient submissions you enter.**
- **If you close out and reenter the website, you will receive a <u>different ID number</u> for that new session.**
- **Please keep track of all ID numbers.**

	Session ID#	Submission Date Entered	Submission Date Completed
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*Compensation will be mailed via check within 60 days of completion of validation form.