

Statement of Commitment

The PHACS Network Meeting brings together members from all organizations in PHACS.

The mission of the PHACS CAB is to serve as an intermediary between researchers and community members to improve and optimize clinical research studies for children/families who are participants and who are most affected by them.

The purpose of the PHACS CAB is to seek input from the community in order to accurately reflect the interests of PHACS participants. The PHACS CAB also allows the local CABs to share ideas and resources.

I understand I have been chosen to attend the PHACS Network Meeting as my site’s CAB representative.

As the CAB representative, I will:

1. Attend all CAB sessions;
2. Attend all other sessions which do not take place at the same time as CAB sessions;
3. Schedule my travel so I can attend the full meeting;
4. Share what I learn at the meeting with my local CAB (if applicable);
5. Budget expense money given to me using the following as a guide:

(*The exact breakdown varies by meeting, location, and length of stay. The breakdown for this meeting will be distributed with per diem checks.*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day 1 | Day 2  | Day 3 |
| Meals |  |  |  |
|  Breakfast |  |  |  |
|  Lunch |  |  |  |
|  Dinner |  |  |  |
| Incidentals (Tips, etc.) |  |  |  |
| Ground Transportation (example: taxi, bus, subway, airport parking) |  |  |  |

If I am no longer able to attend the meeting, I agree to:

1. Tell my site’s study coordinator right away, before the start of the meeting;
2. Return to Westat all money I was given (refer to #6, above).

By signing this statement of commitment, it means I understand what is required as the CAB representative for my site. I also understand that if I do not fulfill this commitment, I may not be asked to future PHACS meetings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

CAB Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

Study Coordinator Signature Date