

Refer-A-Friend Program

Refer a qualifying friend and you could receive up to \$25

2010 Jacobssen Drive Normal, IL 61761

How It Works

To refer a friend or family member for a clinical trial at SWIA and earn up to \$25, simply:

- 1. Print and fill out a Refer-A-Friend coupon below.
- 2. Your friend or family member must contact SWIA about the research study and present this coupon at their first study visit.
- 3. If your friend or family member qualifies to screen for the study and enrolls (randomizes and receives study medication, study treatment or placebo), the referrer (YOU) will earn \$25!

Please Remember

- You can refer as many people as you want and there is no limit to how much money you can make!
- To be eligible, the friend or family member that you refer must be new to our database, and YOU must be in our database as well. To be added to our database, call **309-452-0995** and ask to speak to a research coordinator.
- The decision to participate in a study is up to your friend or family member.
- Refer-A-Friend payments are made AFTER your friend or family member has completed the randomization visit.
- For questions about the Refer-A-Friend program or to inquire about the status of a referral, please call **309-452-0995**.

Refer A Friend Coupon		Refer A Friend Coupon	
Complete the information below, give friend or family member and ask the 309-452-0995.			
Referrer (Your) Name:		Referrer (Your) Name:	
Referrer Address:		Referrer Address:	
Referrer Phone:		Referrer Phone:	
Referrer Email:		Referrer Email:	
Friend Name:		Friend Name:	
In order to participate in this program, I agree to allow SWIA to disclose information about my eligibility status to the Referrer. The personal health information that I provided to SWIA will not be disclosed to anyone.		In order to participate in this program, I agree to allow SWIA to disclose information about my eligibility status to the Referrer. The personal health information that I provided to SWIA will not be disclosed to anyone.	
Signature of Candidate	Date	Signature of Candidate	Date
For Internal use Only:		For Internal use Only:	
Study: Randomization Date:		Study:	
Kandomization Dafe:		Randomization Date:	