

REFER-A-FRIEND PROGRAM



Earn up to \$100 for each friend you refer!

How it works:

1. Fill out the form to the right.
2. Your friend or family member brings the completed referral form to AMR.
3. If your referral qualifies for a study, you get paid.

Please Remember:

- If your referral qualifies to screen for a study and completes a screening visit, you (the referrer) will earn \$50. If your referral is eligible to participate (randomize) into the study and completes a randomization visit, you will earn an additional \$50.
- There is no limit to the number of people you can refer and you are paid for each qualified referral.
- Some studies are not eligible for the refer-a-friend program or pay lesser amounts for referrals. For questions on whether a study qualifies, please speak with one of our staff members.
- The referral must be new to our volunteer database and you (the referrer) must already be in our database.
- The decision to participate is up to the person being referred.



**AMR
NORFOLK**

Refer-A-Friend Form

Your Name: _____

Your Email: _____

Your Phone: _____

Your Friend's Name: _____

Your Friend's Phone: _____

Studies that may interest your Friend:

In order to participate in this program, I agree to allow AMR to disclose information about my eligibility to the Referrer, if asked. My personal health information will not be disclosed to the Referrer.

Signature of Participant _____

Date _____



www.amrnorfolk.com | 757-627-7446

For additional terms and conditions, visit www.amrnorfolk.com/participate-in-studies/

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