



## Qualitative Research Registry Submission Form

For the Month of \_\_\_\_\_

All submissions must be received **on or before the 18<sup>th</sup>** of the month.  
This form must be **completed in full** and submitted with the names.

### Company Information

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### Submission Information

E-mail submissions to: qrrq@mria-arim.ca or eklie@mria-arim.ca

**Please submit this payment form via fax, mail or e-mail pdf file. (.45¢ per name)**

### Payment Information

Cheque payable to MRIA  
or  
 Credit Card (VISA, MC or AMEX)

Number of Names Submitted \_\_\_\_\_  
Cost per name (45¢) \$ \_\_\_\_\_  
Subtotal \$ \_\_\_\_\_

Please select the tax applicable to the province you are located in.

13% HST (ON, NL, NB, PEI) \$ \_\_\_\_\_  
12% HST (BC) \$ \_\_\_\_\_  
15% HST (NS) \$ \_\_\_\_\_  
5% GST \$ \_\_\_\_\_

**Total \$**

Cardholder's name (print legibly): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
MM YR