

**AMERICAN ASSOCIATION OF NURSE ANESTHESIOLOGY**  
**Email Solicitation for Research Participants via AANA Meetings**

Revised 6-1-22

The American Association of Nurse Anesthesiology (AANA) will consider requests to conduct email notifications for approved research activities at AANA meetings. Soliciting individuals to participate in research activities at AANA meetings requires prior approval from the AANA. AANA must approve the message and will send the message to seek volunteers on behalf of the researcher. AANA reserves the right to refuse fulfillment of any request. At no time will the researcher have access to AANA members' email addresses.

**IMPORTANT:**

PLEASE READ THIS ORDER AGREEMENT CAREFULLY

- All required material must be submitted electronically in one email.
- PHONE ORDERS ARE NOT ACCEPTED.
- PAYMENT MUST BE RECEIVED BEFORE ANY ACTIVITY ON THE PROJECT BEGINS. (Payment will be processed immediately.)
- CONFIRMATION OF RECEIPT OF REQUEST WILL BE ACKNOWLEDGED WITHIN 30 DAYS.

**Requirements**

- **FIRST: Evidence that it has been approved by an AANA senior research officer including:**
  - An endorsement letter or email from the research advisor/dean/college/company is required to indicate that an instrument and study have been reviewed and approved.
  - Copy of official notice of your approved IRB.
  - Abstract of 200 words or less containing purpose, hypothesis, methods, anticipated analysis plan and plan for dissemination of the results.
  - Copy of the cover letter to the recipients, and survey/questionnaire.
- **SECOND: Evidence that the AANA Convention and Meeting Planning Department has secured a location for you to conduct your study at the meeting.** It is the responsibility of the researcher to contact the Director of Convention and Meeting Planning directly to make arrangements for space after receiving approval of the research activity from the AANA senior research officer. The Meetings Department contact information will be provided after completion of the meeting space request form and approval of the research activity. There may be a fee to reserve space at the meeting.
- **THIRD: Complete the Order Form and Sign the Agreement.**
  - **Submit the request to [researchsurvey@aana.com](mailto:researchsurvey@aana.com)** with "Request for Research Volunteers at AANA Meetings" in the subject line of the email.

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**If approved:**

- You will be notified by email about the status of your survey's approval.
- The email approval will include information regarding payment for the services. The meeting space fee will be provided prior to billing (if applicable). The credit card must be used for both email solicitation and meeting space (if applicable).

**Fee Schedule:**

The researcher must meet the application requirements (listed on page 1) to be approved. A maximum of 2,500 email addresses may be used. (Note: typically the attendees at the meeting are the individuals solicited to volunteer for the study.) The Setup Fee includes delivery of the approved message and a maximum of two email notices with the same message (i.e., one original message and one response reminder).

- **Fees for number of email addresses:**

<u># Addresses</u>	<u>Fee</u>
<input type="radio"/> 0 – 100	\$ 100
<input type="radio"/> 100 – 250	\$ 250
<input type="radio"/> 251 – 500	\$ 500
<input type="radio"/> 501 – 1000	\$ 750
<input type="radio"/> 1001 – 2500	\$ 1000

- **Total Fee = Set Up Fee (\$300) + # of email addresses**

**\*\* External Entity Fees: If you are NOT an AANA member, please add an additional \$500.**

<p><b>PLEASE NOTE:</b> REQUESTS WILL <b>NOT</b> BE FILLED WITHOUT: (1) FULL PAYMENT FOR THE SERVICES; (2) REQUIRED MATERIALS; AND (3) A COMPLETED, SIGNED AGREEMENT AND ORDER FORM. THANK YOU.</p>
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**Order form, page 1/3**

**INDICATE NUMBER OF ADDRESSES AND FEE** (Required). Any meeting space fee is TBD.

**Number of Addresses:** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
**+ \$300 Set up Fee**

**Total:** \_\_\_\_\_

Name:	AANA #:
Title:	
Affiliation/University/Corporation/Association:	
Address:	
City, State, Zip:	
Home or Cell Phone:	Email:
Research Study Title: <i>Maximum character (<b>not word</b>) count is 80 characters, including spaces.</i>	
AANA Meeting at which you will collect data:	
Content for the email message to attendees: <b>Please send in a separate Word document, including subject line.</b>	
Sample Size:	
_____ All Registered Meeting Attendees	
OR _____ # of Registered Meeting Attendees	
OR _____ # of Select Attendees; please indicate the select criteria below (requests are subject to availability):	
_____	
_____	
_____	
Intended Use of the Findings:	
Describe how this research will impact nurse anesthetists:	

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**Order form, page 2/3**

**Agreement: Email Solicitation for Research Participants at AANA Meetings**

In placing this order for membership information from the AANA, I agree that if, by chance, I gain access to the email addresses, and I will not use, disclose, transfer, or retain any portion of the e-mail addresses. The AANA will send a survey invitation on behalf of the researcher to members; access to the members and their email addresses will only be used for research purposes. All member email addresses must be destroyed at the end of the study if, by chance, the researcher has gained access to the email addresses. Approval of this service does not imply endorsement of the research or its findings by the AANA. In addition, the survey contents, development and findings are the sole responsibility of the individual conducting the survey.

A final abstract of the findings and documentation of the results must be submitted to [researchsurvey@aana.com](mailto:researchsurvey@aana.com) at the completion of the study.

The following disclaimer must be added verbatim to your cover letter: "Note: This invitation does not imply any endorsement of the survey research and/or its findings by the AANA. The survey contents and findings are the sole responsibility of the individual conducting the survey."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name:

Your Affiliation/University/Corporation/Association:

\_\_\_\_\_

\_\_\_\_\_

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Order form, page 3/3

Payment Information

CONTACT INFORMATION:

Name: \_\_\_\_\_ AANA# \_\_\_\_\_

Company/Affiliation/University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

PAYMENT

Credit Card (online only)

Instructions for payment online will be emailed to the primary researcher after survey approval and fee confirmation. Approved requests will NOT be filled without RECEIPT OF FULL PAYMENT for the service and a signed survey agreement. Payment will not be processed until the survey has been approved.

NOTE: Your cover letter copy must be emailed in a Word document. Electronically submit all required materials in one email to [researchsurvey@aana.com](mailto:researchsurvey@aana.com). You will be notified by email once your application has been approved. The survey policy and fees will be applied based on the policy and fee schedule that is currently posted online on the day of your submission.

If you have any questions, please contact [researchsurvey@aana.com](mailto:researchsurvey@aana.com) or 847-655-1170.

**For Staff Only**

Research Director Approval: \_\_\_\_\_  
Date Initials

Study Completed: \_\_\_\_\_ By \_\_\_\_\_  
Date Initials