PLEASE PRINT:

Experimenter's Name:

Subject's Name:

In receipt of $______ for my participation in the experiment ________________________________
in Dr. ________________________’s laboratory on ________,

Subject SIGNATURE ____________________________ Date ________

Experimenter SIGNATURE ____________________________ Date ________

PLEASE PRINT:

Experimenter's Name:

Subject's Name:

In receipt of $______ for my participation in the experiment ________________________________
in Dr. ________________________’s laboratory on ________.

Subject SIGNATURE ____________________________ Date ________

Experimenter SIGNATURE ____________________________ Date ________

PLEASE PRINT:

Experimenter's Name:

Subject's Name:

In receipt of $______ for my participation in the experiment ________________________________
in Dr. ________________________’s laboratory on ________.

Subject SIGNATURE ____________________________ Date ________

Experimenter SIGNATURE ____________________________ Date ________

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In receipt of $______ for my participation in the experiment ________________________________
in Dr. ________________________’s laboratory on ________.

Subject SIGNATURE ____________________________ Date ________

Experimenter SIGNATURE ____________________________ Date ________