RESEARCH SUGGESTION FORM

Breining Research and Education Foundation – A 501(c)(3) tax exempt nonprofit corporation
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SECTION 1. CONTACT INFORMATION. Please type or print all of your information clearly.

First Name

Middle Name

Last Name

Company Name (if applicable)

Address (Number, Street, Apartment or Suite Number)

City

State (or Province)

USA Zip Code

Country (other than USA)

Country Code

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

E-mail Address

SECTION 2. RESEARCH SUGGESTION.

We appreciate suggestions for research in the field of addictions , from both professionals working in the field and the general public. You do not need to make a donation to the Foundation for us to consider your suggestion. We will consider all suggestions , and our determination in this regard will be final. If a topic suggested is deemed appropriate for research by the Foundation, we will conduct that research on a time - table that we deem appropriate given the circumstances, including, but not limited to, funding and researcher availability.

Please provide a brief narrative of your suggested research, below. You may attach additional sheets and documents if you feel t hey will be helpful in explaining your suggestion.

THANK YOU

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