

North American Hair Research Society Seal of Recognition Program



Application

Use this application for products relevant to **HAIR GROWTH** or the **CONDITION OF THE SCALP**

Confidential. One application per product.

Name of Product: _____

Company: _____

Contact Person and Title: _____

Address: _____

City/State/Province/Postal Code: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

Intended Use of Product: _____

Patent(s) : _____

Attach most recent company annual report, or provide description of company: _____

The undersigned company ("Company") hereby requests and authorizes The North American Hair Research Society ("NAHRS") to review this Application, including the related data submitted in conjunction therewith, for the purpose of determining whether the Product listed above meets the criteria for the NAHRS Seal of Recognition Program as set forth in the Program Outline, subject to amendment from time to time by NAHRS. In consideration for the review of its Application and potential Product recognition, Company hereby: (i) waives any claim for damages, or otherwise, that it may have against NAHRS, its officers, directors, members, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this Application and any Product recognition; and (ii) agrees to indemnify, defend, and hold NAHRS, and its officers, directors, members, and agents harmless from and against any and all third-party claims arising from Company's Application and/or Product recognition. Company understands that a determination as to whether the Product meets the criteria for the NAHRS Seal of Recognition will be made solely and exclusively by NAHRS, according to its rules, and that its decisions are final.

Company shall abide by the NAHRS Seal of Recognition and Official Seal Statement Use Specifications, as well as any other terms and conditions of participation in the NAHRS Seal of Recognition Program. Company further understands and acknowledges that, in the event NAHRS determines that the Product meets the criteria for the NAHRS Seal of Recognition, Company may use the NAHRS Seal of Recognition and Official Seal Statement only upon execution of the License Agreement setting forth the specific rights and obligations of the parties with respect to such use.

Company represents and warrants that the information provided in this Application is truthful and accurate.

Print Company Name

Print Authorized Rep Name and Title

By: _____
Signature of Authorized Representative

Date: _____

Submit a signed and dated electronic version of the application with attachments and a signed and dated hard copy via U.S. mail or courier service to:

NAHRS Seal of Recognition Program
c/o NAHRS Secretary/Treasurer – Amy McMichael, MD
Wake Forest University School of Medicine
Department of Dermatology
Medical Center Blvd
Winston-Salem, NC 27157
Telephone: 336-716-2768; Fax: 336-716-7732
E-mail: amcmicha@wfubmc.edu

NAHRS Federal Tax ID number is: 36-4477156

Application Fee enclosed. USD \$2,500 (non-refundable), payable to: *North American Hair Research Society*

Indicate the attributes of the treatment or product for which you are applying. _____

Documentation Required

Attach the following to this application and note the name of the product on all attachments.

1. Formulation or Manufacturing Background

Formulation (e.g., lotion, spray, gel, tablet, other):

2. List of all Ingredients, Concentrations, or Mechanisms of Action

Identify active ingredient(s).

3. Stability of Product

Please specify (yes or no) that the product meets the consumer safety requirements as proposed by the U.S. FDA guidelines for topical products for human use.

4. Report of Adverse Reactions

A separate Report of Adverse Reactions must be completed for each product that is submitted for the NAHRS Seal of Recognition.

- a) If the product that is being submitted for the NAHRS Seal of Recognition is a new product introduced in the market, please complete and submit a Report of Adverse Reactions one year after product introduction.
- b) If the product that is being submitted for the NAHRS Seal of Recognition was introduced one or more years ago, please submit with this application a Report of Adverse Reactions as noted by your company physician.

5. Evidence of Quality Control Procedures

Identify manufacturing quality processes and compliance with good manufacturing practices principles.

6. Efficacy Data and Reports

E.g., clinical trial data, data from peer-reviewed published manuscripts, internal data, etc.

For additional information about NAHRS, please visit www.nahrs.org.

Rev. 2/24/10

