

NRAO NINE Participant Data Sheet

The information below is required for the effective administration of your visitor experience. Please return by May 15, 2018. **Failure to return this form by this date will delay the issuance of your first reimbursement check.**

Last Name <i>(As shown on ID)</i>	
First Name & Middle Initial <i>(As shown on ID)</i>	
Preferred Name	
Date of Birth	
Gender	
Race/Ethnic Origin	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or more races
Educational Institution <i>(Attending or employed)</i>	
Cell phone number	
Complete Mailing Address <i>(Where you plan to return after appointment ends)</i>	
Emergency Contact <i>(Name and phone number)</i>	
If you are a researcher on a U.S. visa, what is your status?	
If you are a researcher on a U.S. visa, to what educational institution will you be returning?	
Start Date <i>(As confirmed with mentor)</i>	
Last Day <i>(If known)</i>	