

ADVISORY COMMITTEE REGISTRATION

ADVISORY COMMITTEE: _____

NAME: _____

ETHNICITY: (Please check one)

- | | |
|---|---|
| 1. <input type="checkbox"/> White, Non-Hispanic | 2. <input type="checkbox"/> Asian or Pacific Islander |
| 3. <input type="checkbox"/> American Indian or Alaskan Native | 4. <input type="checkbox"/> Black, Non-Hispanic |
| 5. <input type="checkbox"/> Hispanic | |

BUSINESS FIRM: _____

EMAIL ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

POSITION: _____

ACADEMIC PREPARATION: _____

EXPERIENCE IN THE FIELD: _____

AWARDS, HONORS, CITATIONS: _____

SIGNATURE: _____