

2007 Summer Public Health Research Videoconference on Minority Health

Organization name: _____ Date: _____

9-digit zip code for your site: _____-_____

Last 4 digits of home or other (e.g., cell, friend) phone number (to use as identification so that we can easily count unique participants)

May the UNC Minority Health Project send you a brief survey about the Videoconference? _____

May the UNC Minority Health Project send you announcements (up to 12/year) about similar events? _____

Name (first, middle, last)	Student?	Position / Occupation	E-mail Address	↓	↓	↓
1	Y N			Y N	Y N	
2	Y N			Y N	Y N	
3	Y N			Y N	Y N	
4	Y N			Y N	Y N	
5	Y N			Y N	Y N	
6	Y N			Y N	Y N	
7	Y N			Y N	Y N	
8	Y N			Y N	Y N	
9	Y N			Y N	Y N	
10	Y N			Y N	Y N	
11	Y N			Y N	Y N	
12	Y N			Y N	Y N	
13	Y N			Y N	Y N	
14	Y N			Y N	Y N	
15	Y N			Y N	Y N	

(Continues on other side)

www.minority.unc.edu

Fax: 919-966-2089

Minority Health Project, Dept of Epidemiology, UNC School of Public Health, 2104D McGavran-Greenberg, CB#7435, Chapel Hill, NC 27599-7435

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Name (first, middle, last)	Student?	Position / Occupation	E-mail Address		
16	Y N			Y N	Y N
17	Y N			Y N	Y N
18	Y N			Y N	Y N
19	Y N			Y N	Y N
20	Y N			Y N	Y N
21	Y N			Y N	Y N
22	Y N			Y N	Y N
23	Y N			Y N	Y N
24	Y N			Y N	Y N
25	Y N			Y N	Y N
26	Y N			Y N	Y N
27	Y N			Y N	Y N
28	Y N			Y N	Y N
29	Y N			Y N	Y N
30	Y N			Y N	Y N

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