

Activity Name:

Activity Date:

# NNLM Participant Information Form

Please note: this information is collected for project evaluation purposes only.

<p><b>I am a... (check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Data resource or tool developer</li> <li><input type="checkbox"/> Data scientist</li> <li><input type="checkbox"/> Educator</li> <li><input type="checkbox"/> Emergency preparedness &amp; response</li> <li><input type="checkbox"/> General public</li> <li><input type="checkbox"/> Health care provider</li> <li><input type="checkbox"/> Historian</li> <li><input type="checkbox"/> Journalist</li> <li><input type="checkbox"/> Library or information professional</li> <li><input type="checkbox"/> Public health professional</li> <li><input type="checkbox"/> Publisher</li> <li><input type="checkbox"/> Researcher</li> <li><input type="checkbox"/> College &amp; post-grad student</li> <li><input type="checkbox"/> K-12 student</li> </ul> <p><b>My Zip Code:</b></p>	<p><b>I am a... (check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Data resource or tool developer</li> <li><input type="checkbox"/> Data scientist</li> <li><input type="checkbox"/> Educator</li> <li><input type="checkbox"/> Emergency preparedness &amp; response</li> <li><input type="checkbox"/> General public</li> <li><input type="checkbox"/> Health care provider</li> <li><input type="checkbox"/> Historian</li> <li><input type="checkbox"/> Journalist</li> <li><input type="checkbox"/> Library or information professional</li> <li><input type="checkbox"/> Public health professional</li> <li><input type="checkbox"/> Publisher</li> <li><input type="checkbox"/> Researcher</li> <li><input type="checkbox"/> College &amp; post-grad student</li> <li><input type="checkbox"/> K-12 student</li> </ul> <p><b>My Zip Code:</b></p>	<p><b>I am a... (check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Data resource or tool developer</li> <li><input type="checkbox"/> Data scientist</li> <li><input type="checkbox"/> Educator</li> <li><input type="checkbox"/> Emergency preparedness &amp; response</li> <li><input type="checkbox"/> General public</li> <li><input type="checkbox"/> Health care provider</li> <li><input type="checkbox"/> Historian</li> <li><input type="checkbox"/> Journalist</li> <li><input type="checkbox"/> Library or information professional</li> <li><input type="checkbox"/> Public health professional</li> <li><input type="checkbox"/> Publisher</li> <li><input type="checkbox"/> Researcher</li> <li><input type="checkbox"/> College &amp; post-grad student</li> <li><input type="checkbox"/> K-12 student</li> </ul> <p><b>My Zip Code:</b></p>
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