

First name: _____ Last name: _____

Department: _____

Research Interests: _____

In general, would you be willing to give presentations (e.g., lecture, workshop) to:

- a) UVic faculty
- b) UVic postdocs and graduate students
- c) UVic undergraduate students
- d) Community-based health and/or aging focused organizations
- e) General public
- f) Other (specify): _____

Do you have any undergraduate students, graduate students, or postdocs who wish to become a liated with the Institute on Aging and Lifelong Health? If yes, please provide their name(s) and e-mail(s).

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Are there UVic faculty members that you regularly collaborate with that you think should be invited to be an IALH a liate? If yes, please provide their contact information (name, department, phone number, e-mail).

Name: _____ Department: _____

Phone: _____ E-mail: _____

Name: _____ Department: _____

Phone: _____ E-mail: _____

Name: _____ Department: _____

Phone: _____ E-mail: _____