

Global Alzheimer's Association Interactive Network
Affiliate Application
(* required)

A. Principal Investigator

First Name*: _____

Last Name*: _____

Email Address*: _____

Phone: Number*: _____

Country*: _____

City (* if US): _____

State(* if US): _____

Postal Code(* if US): _____

Institute: _____

Department: _____

B. Resource Information

Resource Name*: _____

Resource URL: _____

Project/Study Contact Name (if different than above): _____

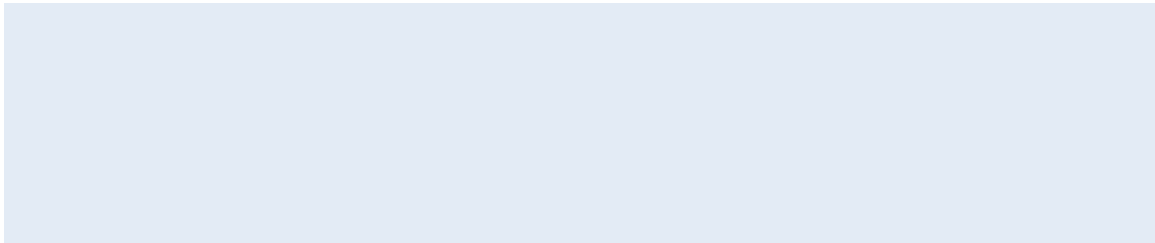
Project/Study Email Contact (if different than above): _____

Project/Study Phone Contact (if different than above): _____

What kind of resources can you provide to GAAIN?:

What other collaborative information projects have you been involved with?

What is the motivation to join GAAIN?



How did you hear about GAAIN? Select all that apply:

- Conference. Where? _____
- Presentation or Seminar. Where? _____
- Colleague
- Existing Data Partner. Who? _____
- Internet search
- GAAIN.org
- Other: _____