

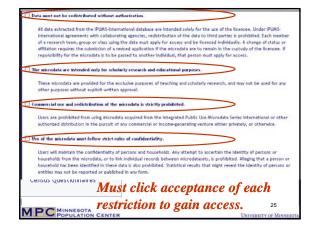


All information will be kept confidential. All information on this form is required for registration unless otherwise in	dicated.
Personal Information	
Given Name:	
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Employer/Institutional affiliation: Name, Position and identifying e-mail address and webpage, if any:	
Supervisor/Department Head/Class Instructor Name: email address:	
Address (institutional; if none, enter personal);	
Street Address 1:	
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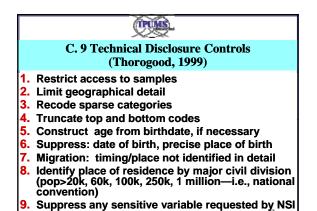
Supervisor/Department Head/Class Instructor Name: email address:		
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Phone Number(s): (include country and city/area codes)		
Fax Number: (optional)		]
E-mail address to be used for this project:		i I
Funding research, other than employer, if any: Indicate name of granting institution, grant B, title, and year(s) of <u>works</u> , or state "None";		
Does your institution have a Institutional Review Board (IRB), Office for Human Subject Protections, Professional Conduct The Uniter committee If so, please indicate name:	O No O Yes 2 University of	[

		ur research project or educational	one has the date. This descention
vil be used to evaluate		a letter trapic a contact a	
which countries do you	intend to study in your research?		
Argentina	C America	C Austria	E Belaria
Dobvia	D Brazil	Canboda	Canada
Chie	China .	Colombia	Costa Rica
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D Philippines	E Portugal	Romania	C Rwanda
Sovenia	South Africa	C) Spain	🗇 Tanzania
D Uganda	C United Kingdom	C United States	C Venezuela
U Vietnam			
	ou would like added to the databa		

Field:	Statum	Anticipated Results:
O Demography	O Student	O Class Exercise/Paper
C Economics	O Teacher	O Thesis
O History	O Academic Researcher	O Article
O Sociology	O Support Staff	O Policy Report
O Statistics	O Non-Academic Researcher	O Doctoral Discertation
O Public Policy	O Consultant	O Book
O Other academic	O Other	O Other
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