

**PREFERRED CONTACT INFORMATION**

Please complete the following and return to ORI.

**FULL NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**UNIVERSITY RANKING (i.e., Assoc. or Full Professor, etc):** \_\_\_\_\_

**COLLEGE/DEPARTMENT:** \_\_\_\_\_

**CAMPUS MAILING ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**CAMPUS PHONE NUMBER:** \_\_\_\_\_

**PAGER (if applicable):** \_\_\_\_\_

**ADMINISTRATIVE ASST/CONTACT PERSON (if applicable):** \_\_\_\_\_

Please indicate, with a check mark, the preferred method for contacting you:

\_\_\_ Phone

\_\_\_ Pager

\_\_\_ E-mail