**Laurentian Research Institute for Aging (LRIA)**

*Expression of Interest to Participate with LRIA*

Please select the category that best describes your interest in participating with LRIA:

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| --- | --- | --- |
| **Engaging in Research**  Main areas of aging/older adult research interest: |  | **Other**  Please describe: |

|  |
| --- |
| Name:  E-mail:  Telephone: Work       Cell  Organization & Address:  Current Position(s), if applicable:  Current involvement with older adults or in the field of aging: |

*LRIA encourages you to distribute this form to others who may also be interested in participating with the Institute.*

Date:

Signed:

|  |
| --- |
| **For Administrative Use Only:**  Acknowledged by LRIA Director and Executive Committee Date:  Response sent:  Yes  No Signed: |

Once complete, please submit your form to [lria@laurentian.ca](mailto:lria@laurentian.ca)