**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