

Learning & Longevity Research Network

Subject Registration

Volunteer Information

Name *

First

Last

Gender *

- ☐ Male
- ☐ Female
- ☐ Other / decline to state

Date of Birth *

Month ▼	Day ▼	Year ▼
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Zip Code *

How did you hear about the Learning & Longevity Research Network? *

- | | | |
|---|----------------------------------|---|
| <input type="radio"/> Learning Institute for Elders | | |
| <input type="radio"/> Flyer | <input type="radio"/> Newsletter | <input type="radio"/> Newspaper/Magazine |
| <input type="radio"/> Presentation | <input type="radio"/> Website | <input type="radio"/> Another Participant |
| <input type="radio"/> Social Media | <input type="radio"/> Researcher | <input type="radio"/> Friend/Family |

Contact Information

How often would you like to be contacted by us? *

- ☐ As often as there are available studies
- ☐ No more than ONCE a month
- ☐ Every 6 months

I prefer to be contacted via *

- ☐ Phone
- ☐ Mail
- ☐ Email
- ☐ No Preference

Phone Number *

Email

- ☐ I don't have email

When is the best time to contact you?

- ☐ Morning (6 AM - 10 AM)
- ☐ Afternoon (2 PM - 6 PM)
- ☐ Mid-day (10 AM - 2 PM)
- ☐ Evening (6 PM - 10 PM)

At which of the following locations are you willing to take part in research studies? *

- ☐ UCF Main Campus
- ☐ UCF Health (East Orlando)
- ☐ Lake Nona Veterans' Affairs Hospital
- ☐ University of Florida (Gainesville)

Optional Information

Ethnicity *

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Decline to state

Race *

- ☐ N/A
- ☐ African American
- ☐ American Indian/Alaska Native
- ☐ Caucasian
- ☐ Pacific Islander/Native Hawaiian
- ☐ Asian
- ☐ Decline to state
- ☐ Other