

WVHA Research Registration Form

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Subject of research:

In the event that it appears to WVHA that your research parallels that of another researcher, do you wish to have your name, contact information, and research subject shared?

(Please check)

Yes

No

I have read and agree to abide by the research policy. WVHA may deny access to any researcher who, in the judgment of the board or members, fails to comply or is disruptive.

Signature _____ Date _____