

**Ambassadors for Cancer Research: Today's Leaders Facilitating Tomorrow's Discoveries**  
**QUESTIONNAIRE**

**If mailing is to be sent to only one person, you only need to complete this top section**

Please print your name:

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Please print your name exactly as you would like your mailing envelopes to be addressed to you:

Please print your address \_\_\_\_\_

Street

Apt. # if appropriate

California \_\_\_\_\_

City

ZIP CODE

Phone number \_\_\_\_\_ Birth date \_\_\_\_\_ Ethnicity \_\_\_\_\_

How did you learn about the Ambassadors Program? \_\_\_\_\_

We may test e-mail as a way of sharing information. If you have an e-mail address, please include it if it would be an acceptable way for you to receive our information.

Please sign to indicate that you wish to be included in the Ambassadors Program:

**If mail is to be addressed to two people, please include the second person's information and signature here**

Please print your name here:

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Please tell us exactly how you would like your mailing envelopes jointly addressed:

Please print your address \_\_\_\_\_

Street

Apt. # if appropriate

California \_\_\_\_\_

City

ZIP CODE

Phone number \_\_\_\_\_ Birth date \_\_\_\_\_ Ethnicity \_\_\_\_\_

How did you learn about the Ambassadors Program? \_\_\_\_\_

We may test e-mail as a way of sharing information. If you have an e-mail address, please include it if it would be an acceptable way for you to receive our information.

Please sign to indicate that you wish to be included in the Ambassadors Program:

Please return this to: Dr. Georgia Robins Sadler, UCSD Cancer Center, 9500 Gilman Drive, La Jolla CA 92093-0658