

Personal Information Form

- Please fill out the following information.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Date submitted: _____

Would you be willing to participate in a follow-up study for PROJECT PREVENT COLLISION?

Yes _____ No _____

Would you be willing to speak with the media about your experiences with window-bird collisions and PROJECT PREVENT COLLISION?

Yes _____ No _____