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| **EVALUATION 2023****INTERNATIONAL BUDDY PROGRAM (IBP) ENROLLMENT FORM*****Please e-mail the completed form to Michele Tarsilla (IBP Coordinator) at the following e-mail address*** ***: mitarsi@hotmail.com*** ***by Wednesday, October 4, 2023*** |
| **Are you an International Visitor or a U.S.-based evaluator?** |  |
| **Last Name, First Name** |  |
| **Country of Residence** |  |
| **Professional Affiliation (e.g. organization you work for)** |  |
| **Sector of occupation** |  |
| **What would you like to get out of participation in the IBP Program?** |  |
| **E-mail Address** |  |
| **Phone number during the conference (please include international area code****as needed)** |  |
| **Have you attended the AEA Conference before? (YES or NO)** |  |
| **Address in Indianapolis during the conference** |  |