

Date: _____

AHRD | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Fax: 651.290.2266 | Phone: 651.290.7466

Web: www.ahrd.org

Personal Information

Revised 8/2019

Prefix: _____ Name: _____

Nickname: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Web Address: _____ Preferred Email: _____

Degree/Designation: _____ Gender: Male Female

Work Information

Organization: _____

Position: _____ Department: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Toll Free: _____ Fax: _____

Preferred Mailing Address: Home Work Remove me from the blast email list

Research Interest

Select all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Action Learning | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Cross Cultural HRD | <input type="checkbox"/> Diversity | <input type="checkbox"/> E-Learning |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> HRM | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Instructional Design | <input type="checkbox"/> International HRD | <input type="checkbox"/> Knowledge Management |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Strategic HRD |
| <input type="checkbox"/> Training and Development | <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Other: _____ |

Mentoring Program

Yes, I would like to learn more about the mentoring program

Preferred Research Method

- | | | | |
|--|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Action Research | <input type="checkbox"/> Case Study | <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Qualitative | <input type="checkbox"/> Qualitative and Quantitative | <input type="checkbox"/> Quantitative | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Other: _____ | | | |

Demographic Information

Academic Program Name: _____

College/School/Department: _____

Institution: _____

Check any that apply: <input type="checkbox"/> Full Time Faculty <input type="checkbox"/> Part Time Faculty <input type="checkbox"/> Other <input type="checkbox"/> Program Chair <input type="checkbox"/> Coordinator <input type="checkbox"/> Scholar <input type="checkbox"/> Scholar/Practitioner <input type="checkbox"/> Practitioner	Year started in HRD: _____ How did you hear about AHRD? <input type="checkbox"/> Website <input type="checkbox"/> AHRD Member <input type="checkbox"/> AHRD Publication <input type="checkbox"/> Other: _____
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- India HRD Faculty Learning & Development Virtual HRD Korea HRD

Total: _____

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1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
www.ahrd.org
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initials		fin.
date		
CK/CC		
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