AAN Synapse Member Survey Distribution Application





Date:
Name:
AAN Member ID:
Email Address:
Title of Survey:
Topic of Survey:
Please describe the project in a few sentences:
Is this survey sponsored by an organization? If yes, please share the sponsor's name.
If so, please include the organization's name and your position within the organization.
Where else will you be posting the survey:
Please send your completed form and a copy of the survey to: sections@aan.com .
If approved, there will be a disclaimer that you will need to add to the bottom of your post. This will be provided upon approval.
If approved, you may post the survey link in up to three Synapse member communities, and post one

reminder to the Synapse member community one to four weeks after the initial survey is posted.