

Address form

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WES Expert Group

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Please fill in your information below

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Position:

Name of institution:

Name of department:

Address:

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Fax:

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Nationality:

Gender		Age category				
female	male	≤34	35-44	45-54	55-65	≥66
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed level of education	Field of major degree or studies	Current affiliation
<input type="checkbox"/> Primary education (primary or elementary school)	<input type="checkbox"/> Economics	<input type="checkbox"/> Association or chamber
<input type="checkbox"/> Secondary education (secondary or high school)	<input type="checkbox"/> Business	<input type="checkbox"/> Central bank
<input type="checkbox"/> Tertiary education (college or university)	<input type="checkbox"/> Law	<input type="checkbox"/> Bank or other financial institution
<input type="checkbox"/> Ph.D. (also doctorate and similar)	<input type="checkbox"/> Other social sciences	<input type="checkbox"/> Non-financial company
<input type="checkbox"/> Further education (vocational education and training)	<input type="checkbox"/> Humanities	<input type="checkbox"/> National ministry or agency
	<input type="checkbox"/> Natural sciences	<input type="checkbox"/> Embassy, consulate or foreign (non-domestic) agency
	<input type="checkbox"/> Professional and applied sciences	<input type="checkbox"/> International organization
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Research institute, think tank or university
		<input type="checkbox"/> Other _____

Thank you for participation!