**DDI Alliance Member Representatives Form**

University of Michigan  
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734/615-7908 (Phone)   
734/647-8200 (Fax)   
E-mail: [ddisecretariat@umich.edu](mailto:ddisecretariat@umich.edu)

**Institution** Date

Complete Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Representative to the DDI Alliance:**

Name\_\_

Dept. Address\_ \_

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**Representative to the Scientific Board (if different from above)**:

Name

Dept. Address\_ \_

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**Invoice Recipient:**

Name

Dept. Address\_ \_

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