

DAVA Listening Session Interest Form

Please complete this brief form if you are interested in participating in a DAVA listening session.

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* Indicates required question

What is your name (First name, Last name)? *

Your answer

What is your email? *

Your answer

In which service branch do you serve as a DAVA? *

- ☐ Air Force
- ☐ Army
- ☐ Marines
- ☐ Navy



Are there certain days of the week that would work best to participate in a listening session?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Are there certain times of the day that would work best to participate in a listening session?

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

Which time zone are you located in?

Your answer

Submit

Clear form

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