## **SSR2: Review Team Questionnaire**

Your	Contac	t Infor	rmation
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First Name Last Name

E-mail Address Skype Address

Phone (include country code) Preferred Method of Contact:

Email Skype Phone

Region Home Time Zone (example: UTC)

Country of Residence Nationality

## **ICANN** Experience

Do you participate in other ICANN working groups? If so, please list the names of the working groups in case support staff from ICANN Org needs assistance from them.

Do you have a completed Statement of Interest posted on the wiki?

Yes No

What type(s)	of device(s) will you use to connect to conference calls?
Audio only	(no connection to internet)
Smartphor	ne (with connection to AC room via internet)
Tablet (eg	ipad)
Laptop	
Desktop	
Other (des	scribe):
-	to connect to the Internet from a reliable broadband connection? If necessary, nents to describe your Internet connection.
Yes	
Sometimes	S
No	
Comment:	
Do you have e	experience joining Adobe Connect conference calls?
Yes	Limited experience No experience
Would you be connect with y	interested in participating in an Adobe Connect training to ensure we are able to you?
Yes	No
What tools do	you use to work on documents?
Microsoft V	Word
Microsoft E	Excel
Google Do	DCS CONTRACTOR CONTRAC
Google Sh	neets
Other	
Do you have e	experience in working with the ICANN wiki?
Yes	No
162	
	ant to attend a wiki training class?
	ant to attend a wiki training class? No

## Other

Do you require ICANN travel funds to attend and participate in Review Team face-to-face meetings?

Yes No

Do you have any dietary requirements?

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Yes, I give permission

No, I do not give permission