

Part-1

Personal Information:

Send you pic with this form

Name	Year Born	Profession
Age when you started experiencing symptoms		

Types of Injury

- Electromagnetic sensitivity
- Tumors and Cancer
- Other

Other reason?

City	State	Country
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Part-2

Testimonial:

To which wireless device do you attribute your condition?

- Cell Phone
- Cell Tower/Antenna
- Wireless Smart Meter
- Wifi
- Other

Other reason?

What symptoms do you experience when you are exposed to radiation? **50 words**

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How did becoming injured by wireless affect your life? (Your family, living situation, education, job & financial) 200 words

How has becoming injured by wireless affected your ability to function in society? 200 words

How did you make the connection between the symptoms you were experiencing and wireless radiation? **200 words**

Do you have a wireless utility meter? **YES** **NO**

If yes, how did it affect your life? **150 words**

What else would you like to tell the public and public officials? **100 words**

Additional Comments: 100 words

If you know about a doctor or healthcare professional who acknowledges electromagnetic sensitivity, we would appreciate it if you provide us with his/her name and contact information. 50 words

Are you currently involved with public awareness work on the issue of wireless technology harms? Please elaborate. If you are not involved, would you like to be? 100 words

If an article about you have been published - please share the link here

If you have a website - please put the link here

Part-3

Contact Information:

Contact Information shall be for W.A.T.E. use only and shall not be shared with any other organization/person.

First Name	Last Name	Address
Phone Number	Email Address	
Website link		

Part-4

Authorization:

Authorization: I authorize "We Are The Evidence" to use the information provided in my testimonial as follows:

- I authorize W.A.T.E. to use **my picture**, my **personal information in "Part 1"** and **my testimonial in "Part 2" for its actions** including on its website.
- I authorize W.A.T.E. to use my picture, my personal information in "Part 1" and my testimonial in **"Part 2" for its actions including on its website.**
- I authorize W.A.T.E. to use my Personal information in "Part 1" and my testimonial in **"Part 2" but not my picture.**
- I authorize W.A.T.E. to use only my testimonial in "Part 2" and NOT to use my picture and NOT to disclose my name and the name of my town, but allow W.A.T.E. to use the rest of the information in "Part 1".

Signature with Date