2009 Student Symposium Registration Form

Registration Deadline is March 6
Presentation Set Up is March 23-34
Student Symposium is March 24

Research Project or Creative Endeavor: Research Project

Co-Presenters? Yes

First Name of Primary Presenter: _____

Last Name of Primary Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

Was Project Funded? Yes

Funded by: _____

Complete Title of Presentation:

First Name of Faculty Mentor: _____

Last Name of Faculty Mentor: _____

Department of Faculty Mentor: Accounting

College of Faculty Mentor: Applied Sciences and Technology

Signature of Faculty Mentor: _____

In 50 words or less, write a description of your project:

Equipment / Space Requested (check all that apply):

- ☐ Poster Board
- ☐ Easel
- ☐ One Electrical Outlet
- ☐ Two Electrical Outlets
- ☐ Three Electrical Outlets
- ☐ 4 ft of space (half table)
- ☐ 8 ft. of space (whole table)

SUBMIT APPLICATION TO LINDA SWARTZ RITICHIE, SPONSORED PROGRAMS OFFICE @ 2100 RIVERSIDE DRIVE

First Name of Second Presenter: _____

Last Name of Second Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

First Name of Third Presenter: _____

Last Name of Third Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

First Name of Fourth Presenter: _____

Last Name of Fourth Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

First Name of Fifth Presenter: _____

Last Name of Fifth Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

First Name of Sixth Presenter: _____

Last Name of Sixth Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology

First Name of Seventh Presenter: _____

Last Name of Seventh Presenter: _____

Class Rank: Graduate

Contact Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Department: Accounting

College: Applied Sciences and Technology