**ICRPS SUMMER INSTITUTE 2018 REGISTRATION FORM**

**Tuskegee University: June 24- July 7, 2018**

**FACULTY REGISTRATION FORM**

1. **Personal Information and Contact Details**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **University/Department** |  |
| **Male/Female** |  |
| **Nationality** |  |
| **Country of Residence** |  |
| **Street Address** |  |
| **City/Town** |  |
| **Postal Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Email** |  |

**2) Registration fee: $2,000 USD.**

***It includes accommodation, field trips, all meals and support materials.***

**\*Accommodations will be booked upon receipt of registration.**

**Below is the link for the student residence:** <https://www.tuskegee.edu/kellogg-hotel-and-conference-center>

*Please attach information regarding dates, spouses and any other important information*

*e. We will use this information to identify any extra costs this may require.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Spouse / Partner Registration - $75 USD / Day**

**3) Billing address (This is the address that will appear on the invoice. Please, fill in if the billing address should be different from the data provided at point 1.)**

Univ./Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_

Tax Identification Number or NIF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENTION:**

**4) Method of payment**

Bank transfer headed to:

* **Bank name:**
* **Bank address:**
* **Account name:** Tuskegee University
* **Routing number:**
* **Account Number:**

PLEASE SPECIFY IN THE PAYMENT: **ICRPS 2018 and your NAME**

**Please, attach a copy of the bank transfer to this registration form and send both of them by e-mail to:**

E-mail: [rzabawa@tuskegee.edu](mailto:rzabawa@tuskegee.edu), [nbaharanyi@tuskegee.edu](mailto:nbaharanyi@tuskegee.edu), [tthiam@tuskegee.edu](mailto:tthiam@tuskegee.edu)