## ICRPS SUMMER INSTITUTE 2018 REGISTRATION FORM

Tuskegee University: June 24- July 7, 2018

## STUDENT REGISTRATION FORM

1) Personal Information and Contact	ct Details		
First Name			
Last Name			
University/Department			_
Male/Female			
Nationality			
<b>Country of Residence</b>			
Street Address			
City/Town			
Postal Code			
Country			
<b>Telephone Number</b>			
Email			
Conference Center, all meals, field to Rooms include two twin beds and Below is the link for the student re and-conference-center	a washroom.		gee.edu/kellogg-hotel-
2) Billing address (This is the add the billing address should be d			
Univ./Company:	_		
Department:	_		
Address:			
City State:	Zip:	Country:	
Tax Identification Number or NIF:			
E-mail:		_	
Contact person and telephone numb	er:		

## ATTENTION:

## 4) Method of payment

Bank transfer headed to:

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

All Bank Transaction costs are in charge of applicants

PLEASE SPECIFY IN THE PAYMENT: ICRPS2018 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: <u>rzabawa@tuskegee.edu</u>, <u>nbaharanyi@tuskegee.edu</u>, <u>tthiam@tuskegee.edu</u>