

**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: rزابawa@tuskegee.edu, nbaharanyi@tuskegee.edu, tthiam@tuskegee.edu