

CGC 2020 STUDENT OR TECHNOLOGIST CONFIRMATION FORM FOR:

Student Membership Applicants

Student Menibership Applicants Student Meeting Registrations Abstract Submissions for both Students and Technologists

Please submit this signed confirmation form along with your membership registration, meeting registration, or abstract submission. Please print information legibly.

Only one form needed per person per calendar year.

Student/Technologist Name:	Degree(s):
Address, City, State, Country, Postal Code:	
Work Phone:	_ Mobile Phone:
Email Address:	
If Student, Training Program Description:	
Please have your Mentor/Instructor/Supervisor com	nplete the following:
Mentor/Instructor/Supervisor:	
Institution:	
Address, City, State, Country, Postal Code:	
Work Phone:	_ Mobile Phone:
Email Address:	
I confirm	(Student/Technologist Name) is currently:
enrolled in a training program, OR	
is working as a technologist,	
at my institution and therefore qualifies for a CGC 2020 a reduced rate for CGC membership and/or event regis	Annual Meeting Outstanding Student or Technologist Award, or stration.
Mentor/Instructor Signature:	