

Workshop Participant Application Form

Please Return to:

Dr. Corinne Manogue  
Department of Physics  
Oregon State University  
Corvallis, OR 97331-6507

- 1) Name: \_\_\_\_\_
- 2) Position: \_\_\_\_\_
- 3) College Name: \_\_\_\_\_
- 4) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Email: \_\_\_\_\_
- 6) Work Telephone: \_\_\_\_\_
- 7) Housing Information: Gender: \_\_\_ M \_\_\_ F
- 8) Special needs such as dietary restrictions, disabilities, spouse/family accommodations:  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Statement of interest and expected impact (e.g., teaching experience, commitment to adoption, etc) (may be attached on separate sheet)