

NATIONAL SCIENCE FOUNDATION
 4201 WILSON BOULEVARD
 ARLINGTON, VIRGINIA 22230

PERSONAL INFORMATION

YOUR NAME (Last, First, Middle)		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	TELEPHONE NUMBERS (include area code)
PERMANENT ADDRESS (Street, City, State, Zip Code, Country)		RESIDENCE: _____	WORK: _____
DATE OF BIRTH (month, day, year)	PLACE OF BIRTH (city, state, country)		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	NATIONALITY (if not a U.S. citizen)		
PARENT ORGANIZATION			
<input type="checkbox"/> NSF <input type="checkbox"/> OFFICIAL VISITOR EVENT # _____ <input type="checkbox"/> ASC <input type="checkbox"/> ASC CONTRACTOR _____ <input type="checkbox"/> SCIENCE GROUP MEMBER EVENT # _____ <input type="checkbox"/> TECHNICAL EVENT # _____ Principal Investigator _____ Company Name _____ OTHER _____ JOB TITLE _____ <p align="right">(All participants complete for appropriate gear)</p>			

EMERGENCY CONTACT INFORMATION

NAME OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT/ILLNESS/DEATH	RELATIONSHIP
ADDRESS	TELEPHONE NUMBER(S):
_____	Home: _____
_____	Work: _____
_____	Mobile: _____