

Teams must be between 3 and 5 students and are required to have a professor as a team mentor. Members must be full time students in an accredited University. At least 3 students have to be present in-person for the October 29-30 sessions in Charlotte, North Carolina.

	FIRST	TEAM MEMBER			FOURTH
Mr	Ms	Dr. Other		Mr	Ms
First Name		M.I. Family Name	e	First Name	
University				University	
Mailing Address				Mailing Address	
City		State Zip	Country	— City	
Геlephone		Fax		Telephone	
E-mail Address				E-mail Address	
	SECON	D TEAM MEMBER			FIFTH
Mr	Ms	Dr. Other			Ms
First Name		M.I. Family Name	е	First Name	
Jniversity				University	
Nailing Address				Mailing Address	
City		State Zip	Country	City	
Telephone		Fax		Telephone	
E-mail Address				E-mail Address	
		TEAM MEMBER		TE	AM MENTOR
Mr	Ms	Dr. Other		Mr	Ms
First Name		M.I. Family Name	е	— First Name	
University				— University	
Mailing Address				Mailing Address	
City		State Zip	Country	— City	
Telephone		Fax			
E-mail Address				E-mail Address	

FOURTH TEAM MEMBER						
Mr	Ms	Dr. Oth	ner			
First Name		M.I. Fa	amily Name			
University						
Mailing Address						
City		State	Zip	Country		
Telephone			Fax			
E-mail Address						

Mr	Ms	Dr. (Other	
First Name		M.I.	Family Name	
Jniversity				
Mailing Address				
City		State	Zip	Country
Геlephone			Fax	

TEAM MENTOR WHO IS A PROFESSOR							
Mr	Ms	Dr	Prof.	Other	_		
First Name		M.I.	Family Name		_		
University							
Mailing Address							
City		State	Zip	Country	_		
Telephone			Fax		_		
E-mail Address					_		