

SWST Visiting Scientist Program

"Request To Participate Form"

(Please print, fill out and return to address below)

Host Institution: _____

Address: _____

Host Contact Member: _____

Title: _____

Telephone: _____ **E-mail:** _____

Visiting Scientist Request (in order of preference):

- 1.
- 2.
- 3.

Special Objectives or Considerations of Visit:

IN ADDITION TO PROVIDING MEALS, LODGING, AND LOCAL TRANSPORTATION,
WOULD YOU LIKE TO CONTRIBUTE TOWARD THE COST OF THE VISIT OR
PROGRAM? IF SO, PLEASE INDICATE THE AMOUNT.

\$ _____

Signature

Date _____

Please return to:

Visiting Scientist Program
Society of Wood Science and Technology
One Gifford Pinchot Drive
Madison, WI 53726
PHONE: 608-231-9347
FAX: 608-231-9592
E-mail: vicki@swst.org