

REGISTRATION FORM

SCI-LINK, NCSU

Grandfather Mountain International Workshop – June 21-25, 2010

NAME (Include middle initial)

_____ **DOB*** _____

COMPANY/ SCHOOL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

TITLE _____

Please mail registration check payable to NCSU, and registration form to:

**Dr. Harriett Stubbs
SCI-LINK, NCSU
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College of Natural Resources
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Raleigh, NC 27695-7106**

*The date of birth is used only as an identifier in lieu of a social security number

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