SIGMA THETA TAU

EPSILON CHI CHAPTER

# Conference Support Application

Please complete electronically & e-mail to lwiles@odu.edu

Type of presentation: \_\_\_\_\_ Poster \_\_\_\_\_ Podium \_\_\_\_\_ Panel

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| --- | --- |
| Primary Presenter’s Name: |  |
| Co-presenter (if any) Name(s): |  |
| Primary Presenter Address:  |  |
| Primary Presenter Phone: |  |
| Primary Presenter e-mail: |  |
| Conference Name: |  |
| Conference Location:  |  |
| Title of Presentation: |  |

Is the primary presenter a member of STTI Epsilon Chi Chapter? \_\_ yes \_\_\_no

Role of the primary presenter: \_\_\_ ODU Undergrad / Grad Student (circle)

 \_\_\_ ODU Faculty

 \_\_\_ Community Member

Funds being requested with estimated cost: