STUDENT DESIGN COMPETITION
PARTICIPATION FORM

University:

Team Name:

Presentation Title:

Team Members: (check box if presenting – refer to guidelines)

Name: ________________________________________  Presenter
Name: ________________________________________  Presenter
Name: ________________________________________  Presenter
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Name: ________________________________________  Presenter
Name: ________________________________________  Presenter

Special Needs: (describe any special equipment needs)

___________________________________________________________________________________
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This Participation Form should submitted electronically to the Students Activity Chair by April 15, 2020:

Nick Tooker
Department of Civil and Environmental Engineering
University of Massachusetts Amherst
Telephone: (413) 313-6217;
Email: nbtooker@umass.edu