



NEW ENGLAND WATER ENVIRONMENT ASSOCIATION

NEWWEA
WORKING FOR WATER QUALITY

STUDENT DESIGN COMPETITION PARTICIPATION FORM

University:

Team Name:

Presentation Title:

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

Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter
Name: _____	<input type="checkbox"/> Presenter

Special Needs: (describe any special equipment needs)

This Participation Form should be submitted electronically to the Students Activity Chair
by April 15, 2019:

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