

STM 2018 Meeting Student and Post-Doctoral Scholar Rate Registration Verification Form

All non-STM members wanting the Student and Post-Doctoral Scholar Registration Rate for the 2018 STM Meeting must submit this completed form when registering for the meeting. Please email the completed form to **stm@allenpress.com** or fax it to **(785) 843-6153 - Attention: Christopher Lapine**. Please print clearly. Verification of student/post-doctoral scholar status will be made by the STM 2018 Registration Staff and all forms must be signed by an academic advisor or in lieu of an academic advisor's certification please attach a scanned copy of a current student ID card.

Part I. Student Information

To the STM 2018 Registration Staff:

I certify that the information I have provided here is correct and that I meet the requirements for a 2016 STM 2018 Meeting Student Registration Rate.

Date: _____

Student's First Name: _____

Student's Last Name: _____

Institution: _____

Institution Address: _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____
Graduation Year: _____ Date of Birth: _____

Student's daytime phone number: _____

Student's Email Address: _____

Student's Signature: _____

Part II. Certification of Student Status

Option A. Academic Advisor

To the STM 2018 Registration Staff:

I verify that the applicant is a student, regularly enrolled in and pursuing

___ an undergraduate or graduate degree at least half-time, or
___ participating full time in an internship or residency program

Print Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Daytime Office Phone _____

E-Mail Address _____

Option B. Student ID

In lieu of verification of an Academic Advisor, please accept a copy of my current Student ID Card.

___ A scanned copy of my current Student ID Card is attached