

**SCSNM ANNUAL MEETING  
SCIENTIFIC ESSAY/EXHIBIT APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT/SCHOOL: \_\_\_\_\_

(CHECK ONE) STUDENT: \_\_\_\_\_ TECHNOLOGIST: \_\_\_\_\_

TITLE OF ESSAY/PRESENTATION OR EXHIBIT:  
\_\_\_\_\_

(CHECK ONE) ESSAY/PRESENTATION: \_\_\_\_\_ EXHIBIT: \_\_\_\_\_

AUDIO VISUAL NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(THE SCSNM WILL PROVIDE ANY AUDIO VISUAL NEEDS)

I have read the rules and regulations for an essay/presentation or exhibit competition and agree to abide by those rules. I am currently a member of the SCSNM.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

\*\*Send this completed form to: [Robyn.Rhodes@prismahealth.org](mailto:Robyn.Rhodes@prismahealth.org)