PROPOSAL REGISTRATION FORM

Name	Institution / McNair Program
Summer Address	City, State, Zip
Summer Phone #	E-mail Address

Research Title

Research Advisor (Name and Title)

McNair Program Director	Phone Number

Program Address

City _____ State_____ Zip Code_____

I will make: a **"POSTER"** presentation _____

an **"ORAL"** presentation _____

"Oral" presenters must choose "ONE" of the four categories below for judging:

Physical Science / Math / Computer Science _____
Social Science _____
Biological Science/ Health _____
Humanities / Education _____

I will need the following equipment:

____ **Carousel Slide Projector (presenter must supply slide trays)**
____ **VHS / DVD Player**
____ **Other, "PLEASE SPECIFY"**