





# GLOBAL COMPETITIVENESS THROUGH DIVERSITY

Physics Diversity Summit  
and the 2009 Joint  
Annual Conference

of the  
**National Society  
of Black Physicists**

and the  
**National Society  
of Hispanic Physicists**

Wednesday, Feb. 11–Sunday, Feb. 15, 2009 • Nashville Convention Center / Nashville, TN

## STUDENT ADVISOR/DEPARTMENT CHAIR RECOMMENDATION FORM THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR FACULTY ADVISOR.

### 1. CONTACT INFORMATION:

PAGE 1 OF 2

Student First Name

Student Last Name

School or Institution

Department

Program

Major

Address

City

State

Zip

Student Cell Phone Number

Cell Phone Service Provider

Student Email Address (Print Clearly)

**What do you expect to get out of attending the NSBP/NSHP Conference?**

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**What physics or physics-related courses are you taking this semester/quarter?**

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### DEPARTMENT CHAIR INFORMATION:

Department Chair Name

Department Chair Phone Number

Department Chair Email Address

### FACUTLY INFORMATION:

Faculty Advisor Name

Faculty Advisor Phone Number

Faculty Advisor Email Address



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#### 2. SIGNATURE INFORMATION:

PAGE 2 OF 2

As the faculty advisor of this student I certify that he/she is an enrolled student in good standing at the institution and academic department/program/major referenced. The department or program is chaired or directed by the person referenced above and his/her contact information is correct. I have also verified that the students contact information given on this form is accurate.

I am recommending this student for financial support to attend the Physics Diversity Summit and the 2009 Joint Annual Conference of the National Society of Black Physicists and the National Society of Hispanic Physicists Conference. I understand if awarded some of the financial support will come from federal sources and that if the student is ineligible for federal financial assistance this may negatively impact NSBP's ability to extend any financial support to this student.

I have discussed with the student the conference code of conduct agreement, and the expectation that they will attend sessions during each and every time block throughout the 3-day conference.

#### Faculty Signature

#### FOR FACULTY ADVISOR/DEPARTMENT CHAIR USE ONLY

- I certify that the above referenced student is currently enrolled at the university and program given in the information.
- I have discussed conference attendance with this student and its impact on his/her current academic work.
- The student and I have discussed his/her career goals and aspirations.
- The information on this form is accurate to the best of my knowledge.

ADVISOR/DEPT CHAIR SIGNATURE

DATE

PLEASE FAX OR EMAIL THIS FORM TO SHERYL BRANNON, STRATEGIC PARTNERSHIPS INTERNATIONAL • (301) 952-1352 •  
sbrannon@spi-meetings.com



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## STUDENT TRAVEL SUPPORT FORM

### 1. CONTACT INFORMATION:

PLEASE CHECK:    MALE:                       FEMALE:

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

SCHOOL OR INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT CELL PHONE NUMBER \_\_\_\_\_ CELL PHONE SERVICE PROVIDER \_\_\_\_\_

STUDENT EMAIL ADDRESS (PRINT CLEARLY) \_\_\_\_\_

FACULTY ADVISOR NAME \_\_\_\_\_ FACULTY ADVISOR PHONE # \_\_\_\_\_

FACULTY ADVISOR EMAIL ADDRESS \_\_\_\_\_

### 2. TRAVEL INFORMATION:

*This form alone does not register you for the NSBP Conference. You must also complete the **On-Line Registration Process** per the instructions on the NSBP website. This form is particularly important if you are traveling via Car or School Vehicle.*

Mode of Transportation (Please check one):                      Airplane                       Car                       School Vehicle

**TRAVEL DATE BEGINS ON WEDNESDAY, FEBRUARY 11, 2009. (NOT BEFORE WITHOUT SPECIAL AUTHORIZATION)**

*Special Authorization Required: If you are attending either the Oak Ridge National Lab Tour or the Physics Diversity Summit Workshop on Wednesday, February 11, 2009.*

Departure City/State: \_\_\_\_\_

I Will Arrive On:                      Day: \_\_\_\_\_ Date: \_\_\_\_\_

I Will Depart On:                      Day: \_\_\_\_\_ Date: \_\_\_\_\_

**SHARED ROOM REQUEST:** Please provide the Name of the Student You Wish to Share Accommodations at the Nashville Renaissance Hotel: *(This is not a Guarantee: NSBP will make Every Attempt to Accommodate Your Shared Room Request).*

**STUDENT NAME:** \_\_\_\_\_ **STUDENT SCHOOL:** \_\_\_\_\_

### 3. CANCELLATION INSTRUCTIONS:

*NSBP will fully support your travel and lodging, your credit card number is to guarantee your reservation and will not be charged unless you cancel after the deadline date. If you do not have a credit card, you will be invoiced.* Your credit card will be charged an administrative fee of \$500.00USD only if you cancel confirmed hotel or travel arrangements, or if you are a no-show to the conference. If you are unable to attend, please provide sufficient notice via email to [sbrannon@spi-meetings.com](mailto:sbrannon@spi-meetings.com) no later than January 30, 2009. **NO TELEPHONE CANCELLATION ACCEPTED.**

Card Type:                      Visa:                       MC:                       AE:                       Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_

### PLEASE SUBMIT YOUR APPLICATION VIA EMAIL OR FAX TO:

ATTN: SHERYL BRANNON, STRATEGIC PARTNERSHIPS INTERNATIONAL  
Email: [sbrannon@spi-meetings.com](mailto:sbrannon@spi-meetings.com) • FAX: (301) 952-1352 • For Additional Assistance: (301) 952-0770