

Prototype Recipient Enrollment Form

By completing and signing this form, the Participant acknowledges that he/she has read the attached PTAP Prototype Recipient Guidelines and agrees to abide with all terms and restrictions contained therein.

New form

Update of information

Participant Enrollment No. [PTAP use only]			
Date of Application			
Name of Applicant			
University / Organization			
Department/Title			
Street address			
Street address			
City			
State		Postal Code	
Country			
Telephone			
Fax			
Email			

Areas of research interest

Signature



Please complete, print, sign, and submit to:

PTAP c/o OIDA
1133 Connecticut Ave. NW, Suite 600
Washington DC 20036

Phone: 202-785-4426
Fax: 202-785-4428
marko@oida.org