

Applicant Name

(Last, First) **Company**

Title/Position

The Society of Naval Architects and Marine Engineers 601 PAVONIA AVENUE, JERSEY CITY, NEW JERSEY, 07306 • 201 798-4800 • FAX 201 798-4975 • www.sname.org

Young Professional Request for SNAME Annual Meeting & Expo 2012 Financial Support Please note that financial assistance will cover full registration to the SNAME AM 2012 (including the Banquet and President's Luncheon). Room, board & transport are not included.

Phone

E-mail **DOB**

(mm/dd/vvvv)

		Supervisor	Information		
	Supervisor Name		Phone		
	(Last, First)		E-mail		
		Membership	Information		
	Membership Level	(Chaok One)	Associate Member		
	Membership Level	(Check One):	Member		
	Member Since (Yes	ar Only):			
1.	Briefly describe your acti	ivity (past and present) in SN	NAME.		
2.	Have you attended the SN (student, author, sent by c	NAME Annual Meeting in the company, etc.).	ne past? If so, indicate	what year(s) and in wl	nat context
3.		Funding to attend the Annual ed) please indicate this amou		be receiving partial fur	nding (eithe
4.		AME Annual Meeting imporing that sparked your interest		nything in particular al	oout the