APPLICATION
CAARI-SNEAP 2024 Conference Assistant

(Open to Graduate Students Only)
Application Deadline is April 28, 2024

(Print Clearly)

LAST Name _____   FIRST Name _____

Mobile Phone _____   E-mail _____

Address _____   City/Province/State _____

Zip or Postal Code _____   Country _____

Institution _____   Dept._____

Institution Phone _____   Institution Fax _____

CONFERENCE PREFERENCES

Your preferences (checked below) will be considered based upon availability, with a *minimum* of five (5) sessions being mandatory. Conference pre-registration is highly recommended; upon acceptance of your application by the Conference Chairmen, your registration and shared hotel room fees will be waived. Please note that transportation costs are not covered.

☐ I would like to be assigned to **more than five (5)** half-day sessions (if available).

☐ I am willing to assist in **ANY** available conference or special functions if the ones I've checked are not available.

☐ I *prefer* to assist in the special functions I have checked below.

  ☐ Accelerator Facilities (AF)

  ☐ Accelerator Mass Spectrometry (AMS)

  ☐ Accelerator Stewardship (AS)

  ☐ Atomic and Molecular Physics (AMP)

  ☐ Industrial Applications (IA)

  ☐ Ion Beam Techniques & Ion Microscopy (IBTM)

  ☐ Ion Enhanced Synthesis and Modification (ISM)

  ☐ Medical Applications (MA)

  ☐ Nanoscience and Technology (NST)

  ☐ Nuclear-Based Analysis and Neutron Techniques (NBAT)

  ☐ Nuclear Physics (NP)

  ☐ Operations and Maintenance (OM)

  ☐ Radiation Effects (RE)

  ☐ Security and Defense (SD)

  ☐ Teaching with Accelerators (TA)

  ☐ Technical Development (TD)

PREFERRED SCHEDULE

Please check below ALL half-day sessions in which you will be available to assist.

July 22 – July 26, 2024

7/22 Monday	____ Morning	____ Afternoon
7/23 Tuesday	____ Morning	____ Afternoon
7/24 Wednesday	____ Morning	____ Afternoon
7/25 Thursday	____ Morning	____ Afternoon
7/26 Friday	____ Morning	

TRAINING

The training session for all Conference Assistants will be held on July 21, Sunday evening, time TBD.

SIGNATURE

I understand that I must assist in at least for (5) sessions to receive a complimentary student registration and a complimentary shared hotel room.

Signature _____   Date _____

SUBMISSION

Please return this application to **_CAARI.SNEAP@Outlook.com_**.

Be sure to make a copy of this form for your records. Upon approval, a preliminary schedule will be sent to you mid-June for your review.