

## Society of Wood Science and Technology

## VISITING SCIENTIST PROGRAM

Request to Participate

Host Institution:	
Address:	
Title:	
Telephone:	Email:
Visiting Scientist Request (in order	er of preference):
1.	
2.	
3.	
SPECIAL OBJECTIVES OR CO	NSIDERATIONS OF VISIT:
IN ADDITION TO PROVIDING ME	EALS, LODGING, AND LOCAL TRANSPORTATION, CAN ECOST OF THE VISIT OR PROGRAM? IF SO, PLEASE
\$	
SIGNATURE	DATE

PLEASE RETURN TO: VISITING SCIENTIST PROGRAM
Society of Wood Science and Technology
P.O. Box 6155

Monona, WI 53716-6155

Phone: 608-577-1342 FAX: 608-467-8979