



## STUDENT REGISTRATION GRANT APPLICATION FORM

Name of Applicant (please print): \_\_\_\_\_

ION Student Membership ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Educational Institution: \_\_\_\_\_  
(Please attach a photocopy of current student ID verifying your status as a full-time student.)

Faculty Advisor's Name: \_\_\_\_\_

Faculty Advisor's E-mail: \_\_\_\_\_

Title of attached abstract: \_\_\_\_\_

ION Meeting in which you intend to present your paper: \_\_\_\_\_

By signing this application the author is acknowledging that they are the primary author of the paper to be presented at the upcoming ION meeting, will be presenting said paper, and are in accordance with all other rules and regulations of the Registration Grant Policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

As faculty advisor of student listed above, I authorize said student is a full time student in need of financial support to attend this meeting.

Name of Faculty Advisor (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application and abstract to:

ION Student Registration Grants  
The Institute of Navigation  
8551 Rixlew Ln. STE 360  
Manassas, VA 20109  
Fax: 703-366-2724  
E-mail: [meetings@ion.org](mailto:meetings@ion.org)