



AAPG Imperial Barrel Award Program College/University Interest Form



Yes, our school wishes to participate in the 2012 AAPG Imperial Barrel Award Section or Region semi-final competitions. If selected to represent our Section or Region, we also agree to travel to the AAPG Annual Convention in Long Beach, California to compete on April 20 and 21, 2012.

School Name: _____

Physical Address: _____

NO P.O. BOXES

Only an accredited faculty member of the school may register a school for participation in the AAPG IBA program. Such enrollment must be confirmed as approved by the Dean or Chair of the effected department of the institution.

Primary Contact

MUST BE A FACULTY MEMBER.

Secondary Contact

MAY BE FACULTY OR STUDENT ON YOUR TEAM

Faculty Contact: _____ Contact: _____

Title: _____ Title: _____

Department: _____ Department: _____

Telephone: _____ Telephone: _____

E-mail: _____ E-mail: _____

Team Member Names:

Please list up to five (5) students that make up your team. If unknown at this time you must submit to AAPG at least two weeks before any section or region competition.

Additional Information:

In the space provided below, please specify computer software and hardware to be used in competition for dataset formatting. Please contact Tim Berge for answers about technical issues.

Agreement to Rules & Regulations - SIGNATURE REQUIRED

By having a school faculty member submit this form, participants acknowledge that they have read the Rules and Regulations governing the contest and that their participation has been approved by the Dean or Chairman of their department. Participants understand that transportation and lodging expenses to compete and attend the AAPG Annual Convention and Exhibition will be provided at no cost for five students and one faculty advisor, if they are selected to attend.

Signature: _____ Date: _____

For more information contact:

Mike Mlynek

mikem@aapg.org

US: 001-918-560-2653

Tim Berge

tbberge@hotmail.com

+1.303.894.8811

Please send this completed form to Mike or your IBA Coordinator. Email preferred. Your name typed on the "Signature" line serves as your signature.