# Professional Participant Application

Applications are due **Friday, 17 May 2019 at 11:59 PM PST**. Please send your application to **chrg2019@thresholdacoustics.com** with the subject line “**[Last Name]-CHRG Professional Participant Application Form**.” You will receive a confirmation email when the application is received.

## Personal Contact Information

**Name:** Click or tap here to enter text.

**Name for Badge:** Click or tap here to enter text.

**Address (Street, City, State, ZIP):** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Mobile Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

## Current Employment Information

**Employer Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Number of Years with Employer:** Click or tap here to enter text.

**Address (Street, City, State, ZIP):** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Brief Description of Your Job Duties:**

Click or tap here to enter text.

**Would you prefer to be contacted through your work or personal phone/email?** [ ]  **work** [ ]  **personal**

**If personal, please provide preferred phone and email:** Click or tap here to enter text.

## Employment History

Please include your previous applicable employment history including the employer name, position title, department, years with the employer, and a brief description or you job duties (or you may attach a résumé):

 Click or tap here to enter text.

## Education

Please include the institution, location, department, degree, date of degree completion and any theses or special projects descriptions (or you may attach a résumé):

Click or tap here to enter text.

## Professional Society Affiliations

List any professional affiliations and describe you roles within the society (member, office held, etc.).

Click or tap here to enter text.

## Interests and Qualifications

Briefly describe why you are interested in attending the CHGR 2019 Summer Institute and provide and assessment of your qualifications. Please limit your description to 300 words.

Click or tap here to enter text.

## Emergency Contact Information

**Name:** Click or tap here to enter text.

**Relation:** Click or tap here to enter text.

**Phone 1:** Click or tap here to enter text.

**Phone 2:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

## Contact Information

If you have any questions, please feel free to contact:

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| --- | --- |
| Laura Brilllbrill@thresholdacoustics.comThreshold Acoustics141 West Jackson Blvd., Suite 2080Chicago, Illinois 60604312.386.1400 | Robin Glosemeyer Petronerglosemeyerpetrone@thresholdacoustics.comThreshold Acoustics141 West Jackson Blvd., Suite 2080Chicago, Illinois 60604312.386.1400 |

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