



Materials Interest Group Engineering Design Competition 2006 Entry Form

“Design of Engineered Fibrous Structures”

Please type or print.

Please indicate which category you are entering:

Medical/Biomedical Fibrous Structures

Smart/Electronic Fibrous Structures

Protective Fibrous Structures

Please indicate whether you are working individually or as a team:

Individually

Team; If so, # of members _____

Title of Proposal Submission _____

Entry Fee: The entry fee is waived for all student members of AATCC. All participants who are not student members of AATCC pay \$25 to enter, and thereby become members (completed membership applications must also be submitted).

Student Information

	Student 1	Student 2
Name		
Address (during school)		
City, State, Zip, Country		
Telephone		
E-mail		
Address (permanent)		
City, State, Zip, Country		
Major/Curriculum		
Graduate/Undergraduate		

**Turn page over to complete the back of the form

Please return form w/ CD submission to:
 AATCC Technical Center
 Attn: Materials Interest Group Design Competition 2006
 1 Davis Drive
 Research Triangle Park, NC 27709-2215

	Student 3	Student 4
Name		
Address (during school)		
City, State, Zip, Country		
Telephone		
E-mail		
Address (permanent)		
City, State, Zip, Country		
Major/Curriculum		
Graduate/Undergraduate		

***Winners will be asked to provide their SSN upon winning due to IRS regulations. Checks for 1st & 2nd place winners will be mailed to the address(es) provided on this form.*

Faculty Advisor Information

Name	
School/Institution	
Address	
City, State, Zip, Country	
Telephone	
Fax	
E-mail	

By entering the competition, students agree to allow AATCC to use any photographs and/or digital imagery in print, electronic publication, and in press releases sent to the general textile press. Students retain the rights to their designs. No materials supplied as part of this competition will be returned. Copyright or patent protection is the responsibility of the student.

Signature of Entrant(s) _____

Date _____

Signature of Faculty Advisor _____

Date _____

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