

**AN AGREEMENT FOR PATICIPATING IN THE TSU, FISK, ILLINOIS-MRSEC PROGRAM OF THE**

**TSU, FISK, ILLINOIS-MRSEC GRANT PROGRAM AT**

**TENNESSEE STATE UNIVERSITY**

**Account No# 2xxxxx/xxxxx/74440/xxx**

Please Print:

Name: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_ \_\_\_\_\_ Zip Code: \_\_ \_\_\_\_\_\_

Terms of Agreement:

I agree to participate in program during the following meeting period: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Indicate current meeting date)

Compensation Amount: $ 00.00

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Center Director Signature Date