



Regional Student Paper Contest Notification Form

Name of Contest (Region):

Date of Contest:

Participants

Undergraduate (List Names of Participants)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Undergraduate 1st Place Winner (Full Name)

Winner SPE Member ID#

Master's (List Names of Participants)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Master's 1st Place Winner (Full Name)

Winner SPE Member ID#

PhD. (List Names of Participants)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PhD's 1st Place Winner (Full Name)

Winner SPE Member ID#

Please complete all information for reimbursement:

Faculty Advisor Name:

Faculty Advisor Signature: _____

Wire

- Name of Bank
- Swift Number
- Name on Bank Account

Full address of bank

ABA Number

Bank Account Number

*****Please return this form to: spc@spe.org*****

