

Alaska SPARX Participation Form

Name of Alaska SPARX Participant: _____

Alaska SPARX Event or Project in Which You Participated: _____

Date of Event/Project: _____

Location of Event/Project: _____

Participant's Signature: _____

Event/Project Sponsor's Signature: _____

*If a sponsor's signature is unavailable, please submit this form with
an alternative proof of attendance, such as:
seminar handout, e-mail verification of attendance, registration form, etc.*

Mail, FAX, or e-mail this form to:

UAA WWAMI Biomedical Program
3211 Providence Drive, ENGR 331
Anchorage, AK 99508

Phone: 907-786-4789
FAX: 907-786-4700
E-mail: wwami@uaa.alaska.edu

