

## KNK 2024 WORKSHOP PARTICIPANT APPLICATION

Please submit all materials (this completed application form, a letter of interest, one recommendation letter, and a resume or CV) by **March 22, 2024** to [applications@ncnk.org](mailto:applications@ncnk.org)

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Nationality \_\_\_\_\_ Institutional Affiliation \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you local to the DC metro area? Yes No

If not, where do you anticipate you will be traveling from to attend the Workshop?

\_\_\_\_\_

**Please provide the name and affiliation of your reference:**

Reference Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Reference Affiliation (university, company, etc.) \_\_\_\_\_

*Your reference should submit the letter of recommendation directly to [applications@ncnk.org](mailto:applications@ncnk.org).*

I, \_\_\_\_\_, certify that all statements and information contained herein and in all application materials are true, correct, and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_