

# AOAC INTERNATIONAL TDRM AWARD APPLICATION

**Applicant's Full Name:** \_\_\_\_\_

Complete Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Name of college or university:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Advisor's Name \_\_\_\_\_

I have read the AOAC TDRM Award Program and I meet those eligibility requirements. I am submitting this form as my notification of intent to compete for the TDRM Student Award. The subject of my report will be \_\_\_\_\_

I agree that a representative of the AOAC TDRM may contact my university admissions office to confirm my enrollment status.

\_\_\_\_\_  
Signature of Applicant

This form must be received by the following email or postal address or faxed to the following fax number no later than December 31 of each calendar year to be eligible for award competition in the following year.

AOAC

AOAC TDRM Student Award Program  
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