



Certificate of Student Status

I am a Undergraduate Pre-doctoral Post-doctoral Fellow
 Resident

Please print or type:

I, _____, declare that I am fully enrolled in a
program of studies at

and that I am eligible for Nonmember student rates to attend the American Society of Tropical Medicine
and Hygiene Annual Meeting.

Advisor or Supervisor Section:

Name _____

Title _____

Dept _____

University _____

Address _____

City, State, Zip, Country _____

Signature of Student Applicant _____

Signature of Advisor or Supervisor _____

Submit form to Brenda Howe, bhowe@astmh.org