



## **Experiential Education Academy Program**

### **Application for Participation**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please give a brief description of the duties you perform at your institution:

Please give a brief description of how the EEA will benefit you professionally and personally.

I acknowledge that I am a continuous member of NSEE.

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

Submit completed application to NSEE:  
19 Mantua Road, Mt. Royal, NJ, 08061, Telephone: 856-423-3427, Fax: 856-423-3420,  
E-mail: [nsee@talley.com](mailto:nsee@talley.com)