



## University Partners Enrollment Form

Faculty Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

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

City: State: Zip: \_\_\_\_\_

Approx. # of students in school program: \_\_\_\_\_

Are you a member of IECA (circle one): YES NO

I agree to serve as school liaison to the IECA's University Partners program.

Sign: \_\_\_\_\_

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

Please return to IECA via e-mail to [joanna@ieca.org](mailto:joanna@ieca.org) or fax to 866-308-3087 (ATTN: Joanna Fetherolf).

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