



California Association of Criminalists

Edward F. Rhodes Memorial Award

APPLICATION FORM

All application forms must be received by the Awards Committee by **December 31st**.

1. Applicant Information

Name: _____ Employer: _____

Address: _____

Phone #: _____

CAC Membership Status: Affiliate Associate Corresponding Full

2. Meeting Information

Meeting Name: _____

Location: _____

Date(s): _____

Attach a brief statement that describes how the meeting is of benefit to forensic practitioners, reasons for wanting to attend (e.g. paper presentation, poster session participant, taking certification exam, etc.), and the benefit to the applicant. Describe your commitment of time/money beyond the award allocation.

3. Estimated Expenses

Registration: \$ _____

Travel: \$ _____

Lodging: \$ _____

Meals: \$ _____

TOTAL: \$ _____

Signature _____ Date _____

You must also have a Member submit a sponsorship form by December 31st.

Send completed application to:

CAC Awards Committee Chairperson

Contact information can be found at:

<http://committees.cacnews.org>
