

**TENNESSEE TECHNOLOGICAL UNIVERSITY  
WORKSHOP/SEMINAR PARTICIPATION AUTHORIZATION FORM**

The undersigned Participant hereby agrees that the amount specified below is the entire amount to be paid by Tennessee Technological University (hereinafter "University") to Participant in consideration for Participant's attendance at the Workshop/Seminar entitled: \_\_\_\_\_

Said Workshop/Seminar is being held by the University from \_\_\_\_\_ through \_\_\_\_\_. Workshop is being conducted as part of a project funded by \_\_\_\_\_; Project No. \_\_\_\_\_/TTU Account No. \_\_\_\_\_.

The University will compensate the Participant \$\_\_\_\_\_ per day/ week/ event as a stipend for attending the Workshop.

The University's maximum liability under this Agreement is limited to the amount of compensation provided to Participant as set forth above.

Are you a U. S. citizen?    Yes/    No    **If you selected No, this form cannot be used. You will need to contact the Workshop administrator.**

**PARTICIPANT:\***  
**(Approval and Substitute W-9)**

**UNIVERSITY:**

\_\_\_\_\_  
Printed Full Legal Name of Taxable  
Entity (Individual or Company)

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PI Departmental Chair

Complete Mailing Address:

\_\_\_\_\_  
PI Dean

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN or Federal ID No.

\_\_\_\_\_  
Date

**\*Participant MUST complete all information in order to receive payment.**