SCRIPPS INSTITUTION OF OCEANOGRAPHY PROPOSAL SIGNATURE PAGE

The Regents of the University of California University of California, San Diego

UCSD#

	Princip	oal Investigator:		Co-Principal Investigator:	
Last Name					
First Name					
Title					
Department/ORU					
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Contact Name			Award #	de the following information.	
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City, State, Zip			Other required age	ency miormation, such as DONG Number, etc.	
Contact Email					
Proposal Title					
Project Begin Date: Project End Date: Total Costs Requested:					
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	s	SIO-OCGA Official Authorized to Sig	n on Behalf of The Rege	nts	
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Authorized Representative Signature Date					
		Print or Type Name	and Title		
		sue awards to: The Regents Please send award document			
	Address:	Mailing Addres University of California, S SIO Contract and Gran 9500 Gilman Drive, Dep La Jolla, California 920 Phone # 858-534-43	tan Diego t Office ot 0210 93-0210	Courier Address: University of California, San Diego SIO Contract and Grant Office 8622 Charles F Kennel Way, Room 116 (formerly 8622 Discovery Way) La Jolla, California 92037 Phone # 858-534-4570	

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PROPOSAL SIGNATURE PAGE - PAGE 2

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	UCSD#
Proposal Title	
Co-Principal Investigator	
Last Name	Mail Code
First Name	Phone #
Title	Fax #
Department/ORU	Email
Co-Principal Investigator Signature	Date
Co-Principal Investigator	
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Title	Fax #
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