



Contact:

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Full-Time Student Verification Form

(Please fill out and e-mail back to ICCHP in order to receive your student discount)

Student Information:

Full Name:

E-Mail:

School Information:

Name:

Address:

City:

Country:

Faculty Advisor's Name:

E-Mail:

I hereby attest that I am a full-time student at the above listed educational institution. I authorize ICCHP to verify my student status by contacting the above listed faculty member. I acknowledge that the information provided in this statement is accurate and complete to the best of my knowledge and is provided by me of my own will for the sole purpose of receiving the ICCHP student discount.

Date:

Signature:

Association ICCHP

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