

## **Application for Intern Program**

1. Chapter Name:		
2. Chapter Contact and Phone	e Number:	
Name of Applicant:		
4. Credentials of Applicant: (please attach resume of appli	cant and any additional mater	rial)
5. Title of Research:		
6. Does the applicant expect t	o receive college credit?	
7. What does the chapter hop	e to achieve from this researc	h?
8. Please describe in as much on the commercial real estate		of the proposed research
(please feel free to attach any	additional information, i.e. out	tline of proposed research)
Chapter President	Public Affairs Chair	Chapter Executive Director

## **Return Completed Application and Supplemental Materials to:**

Toby Burke
Associate Vice President of State and Local Affairs, NAIOP
2355 Dulles Corner Boulevard, Suite 750, Herndon, VA 20171

(703) 904-7100 ext. 116 (703) 904-7942 (F) burke@naiop.org