OMB Number: 4040 0010
Expiration Date: 10/31/2019

Key Contacts Form

*** Applicant Organization Name:**

Washington State University

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Investigator

Prefix: Dr.

* First Name: Shannon

Middle Name:

* Last Name: Tushingham

Suffix:

Title: Assistant Professor

Organizational Affiliation:

Washington State University

* Street1: PO Box 644910

Street2: College Hall 150

* City: Pullman

County: Whitman

* State: WA: Washington

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 99164 4910

* Telephone Number: 509 335 4314

Fax:

* Email: shannon.tushingham@wsu.edu

OMB Number: 4040 0010
Expiration Date: 10/31/2019

Key Contacts Form

*** Applicant Organization Name:**

Washington State University

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 2 Project Role:** Project Co Investigator

Prefix: Dr.

* First Name: William

Middle Name: D

* Last Name: Lipe

Suffix:

Title: Professor Emeritus

Organizational Affiliation:

Washington State University

* Street1: PO Box 644910

Street2: College Hall 150

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County: Whitman

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Province:

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OMB Number: 4040 0010
Expiration Date: 10/31/2019

Key Contacts Form

*** Applicant Organization Name:**

Washington State University

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 3 Project Role:** Project Manager

Prefix: Dr

* First Name: Diane

Middle Name:

* Last Name: Curewitz

Suffix:

Title: Archeological Collections Manager

Organizational Affiliation:

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Province:

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* Email: dcurewitz@wsu.edu