

## Key Contacts Form

**\* Applicant Organization Name:**

Board of Regents, NSHE, obo University of Nevada, Las Vegas

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

**\* Contact 1 Project Role:** Principal Investigator

Prefix:

Dr.

**\* First Name:** Eugene

Middle Name:

**\* Last Name:** Smith

Suffix:

Title: Professor Emeritus of Geology

Organizational Affiliation:

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**\* City:** Las Vegas

County:

**\* State:** NE: Nebraska

Province:

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