



InterActivity 2025 Diversity in Action Fellowship Statement of Understanding

By checking the boxes below, you agree to the terms of the Diversity in Action Fellowship. Applicants should complete this form and have it reviewed and signed by their supervisor and/or CEO.

- I agree to attend InterActivity 2025 from 5:00 p.m. on May 14 through 4:00 p.m. on May 16.
- I understand that awardees are responsible for covering travel, lodging (see [Hotel and Travel](#) on the ACM website).
- I certify that all statements and information submitted in application via myACM are valid and accurate to the best of my knowledge.
- If awarded, I agree to participate in activities at the conference as scheduled by ACM.
- If awarded, I give ACM permission to use my name and likeness in ACM publications and on the ACM website.
- I understand that it is my responsibility to notify ACM immediately if changing circumstances prevent me from attending InterActivity 2025.
- My supervisor and CEO are fully aware of the benefits and responsibilities of this opportunity and endorse my application by having signed below.

Applicant signature _____ Date _____

Supervisor name _____ Job title _____

Supervisor signature _____ Date _____

CEO name _____

CEO signature _____ Date _____