

Group Registration Form for Expanding Your Horizons Career Conference for Girls

Group Name: _____

Group Contact Information:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zipcode: _____

E-mail: _____

Phone Number: (_____) _____ - _____

Emergency Contact Name: _____

Emergency Phone Number: (_____) _____ - _____

Affiliated with (e.g. school or troop number): _____

I understand that by registering for the conference, I give permission to Math/Science Interchange to use pictures of me or my accompanying students/children taken during the conference for advertising purposes.

Signature of Parent/Guardian: _____

Date: _____

Please mail this form and your registration fee of \$15 per student (checks can be made payable to "Math/Science Interchange") to:

EXPANDING YOUR HORIZON
Attn: Sharon Drummond
Math/Science Exchange
2700 Neilson Way, #924
Santa Monica, CA 90405
Telephone: (310) 463-2008
E-mail: drum@rand.org

Student Information

First name: _____

Last name: _____

Grade: _____

Session Topic Preference (circle one):

Biology Engineering Chemistry Physics Math Health

First name: _____

Last name: _____

Grade: _____

Session Topic Preference (circle one):

Biology Engineering Chemistry Physics Math Health

First name: _____

Last name: _____

Grade: _____

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