

**Group Student Registration Form for EXPANDING YOUR HORIZONS
Career Conference for Girls**

Group Name: _____

Group Contact Information:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Email: _____

Phone: (____) _____ - _____

Emergency Contact Name:

Emergency Phone: (____) _____ - _____

Affiliation (e.g., school, troop number):

PLEASE include your email so that we can confirm your registration!

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: _____

Date _____

Please mail this form and your registration fee of \$25 per student (checks made payable to "Math/Science Interchange) to:

EXPANDING YOUR HORIZONS
Math/Science Interchange
c/o Fran Manion
858 Third Ave.
Los Angeles, CA 90005

Telephone: 213-359-1148
Email: fmanion913@gmail.com

Student Information:

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____

First Name: _____

Last Name: _____

Grade: _____