

Parent/Adult Registration Form for Expanding Your Horizons Career Conference for Girls

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Phone Number: _(____)_____- _____

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

Affiliation (school or troop number): _____

Names of Accompanying Children/Students, if applicable: (Please print - Last Name, First Name)

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

Signature of Parent/Guardian: _____

Date: _____

Please mail this form and your registration fee of \$20 per person (checks can be 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
E-mail: fmanion913@gmail.com