

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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Name(s) of Accompanying Children/Students (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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