

## Student Registration Form for Expanding Your Horizons Career Conference for Girls

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

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

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

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

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

Zip: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

**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 child taken during the conference for advertising purposes.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail this form and your registration fee of \$20 per student (checks can be made payable to "Math/Science Interchange" to:

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

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E-mail: fmanion913@gmail.com