



Expanding Your Horizons (EYH), March 17, 2011

STUDENT PARTICIPANT REGISTRATION FORM (PLEASE PRINT OR TYPE CLEARLY)

First Name:	Last Name:			
Street Address:				
City/State	Zip:			
Telephone:	Grade: <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th			
School:				
Teacher or Adult Sponsor (see Note on Adult Sponsor Form)				
<p>Please rank your general interest in the STEM and related fields from 1-4 (1 being the highest interest)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Astronomy <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Medical Sciences <input type="checkbox"/> Geology/Earth Sciences <input type="checkbox"/> Computer Sciences </td> <td style="width: 50%;"> <input type="checkbox"/> Architecture <input type="checkbox"/> Engineering <input type="checkbox"/> Math <input type="checkbox"/> Physics <input type="checkbox"/> Others _____ <input type="checkbox"/> Don't know for sure </td> </tr> </table>			<input type="checkbox"/> Astronomy <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Medical Sciences <input type="checkbox"/> Geology/Earth Sciences <input type="checkbox"/> Computer Sciences	<input type="checkbox"/> Architecture <input type="checkbox"/> Engineering <input type="checkbox"/> Math <input type="checkbox"/> Physics <input type="checkbox"/> Others _____ <input type="checkbox"/> Don't know for sure
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<p>Registration Fee: \$5.00</p> <input type="checkbox"/> Check or money order (make payable to Los Alamos Women In Science) <input type="checkbox"/> Cash (in advance) <input type="checkbox"/> Cash (at conference)				
(Please contact registrar for information on fee waivers)				
Have you attended an EYH Conference in the past? (Yes ___/No ___)				
Special Needs or Accommodations?				
IMPORTANT: Allergies?				
<p>My child is at least in 8th grade and has my permission to attend Expanding Your Horizons. I give my permission for her to use public transportation, if necessary, to attend the workshops. I give my consent for her to be photographed for publicity purposes. In the event of an emergency while my child is attending EYH, I give my permission for her to receive emergency medical treatment and care. Registrations must be signed by a Parent or Guardian to be considered. Special accommodations must be listed above.</p>				
Parent or Guardian (please print name)	Parent or Guardian Signature	Daytime Phone or Cell Phone		
Alternate Emergency Contact	Relationship to EYH Participant	Daytime Phone or Cell Phone		
<p><u>Please send this form directly to:</u> Sammy Jo Keie EYH 11 Registrar 875 Kristi Lane Los Alamos, NM 87545 Phone: 231-675-0490 Fax: 505-820-2065 Email : samanthakeie@gmail.com</p>	<p><u>REGISTRATION DEADLINES:</u></p> <p>February 25, 2011 (early) <i>No refunds after this date</i></p> <p>March 11, 2011 (late)</p>	<p><u>Walk-ins</u> will be accepted on a space-availability basis. Please contact the Registrar.</p> <p>Please see the EYH web site for online registration and other information: http://nmnwse.org/lawis/eyh/</p>		