

## **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: \_\_\_\_\_

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

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

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

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

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

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 \$10 per student (checks can be made payable to "Math/Science Interchange") to:

EXPANDING YOUR HORIZONS  
Mount St. Mary's College  
Attn: Dr. Eleanor Siebert  
10 Chester Place  
Los Angeles, CA 90007  
Telephone: (310) 954-4015  
E-mail: [esiebert@msmc.la.edu](mailto:esiebert@msmc.la.edu)  
[www.ExpandingYourHorizonsLA.org](http://www.ExpandingYourHorizonsLA.org)

**Student Information:**

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

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

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

Session topic preference (circle one):

Biology	Engineering
Chemistry	Physics
Math	Health

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

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

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

Session topic preference (circle one):

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