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

First Name: ______________________________
Last Name: ______________________________
Address: ______________________________
City: ______________________________
State: ______________________________
Zip: ______________________________
E-mail: ______________________________
Phone Number: (_____) ____ - ______
Affiliated with (e.g., school or troop number): ______________________________
Name(s) of Accompanying Children/Students (if applicable): ______________________________
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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 HORIZONS
Math Science Interchange
Attn: Fran Manion
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Los Angeles, CA 90005
Telephone: 213-359-1148
E-mail: fmanion913@gmail.com
www.ExpandingYourHorizonsLA.org