

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): _____

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 \$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
www.ExpandingYourHorizonsLA.org