

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: _____

Session topic preference (circle one):

Biology	Engineering
Chemistry	Physics
Math	Health

Name of Accompanying Adult (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 of Parent/Guardian: _____

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
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Los Angeles, CA 90007
Telephone: (310) 954-4015
E-mail: esiebert@msmc.la.edu
www.ExpandingYourHorizonsLA.org