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: ______________________________

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 $15 per student (checks can be made payable to “Math/Science Interchange”) to:
EXPANDING YOUR HORIZONS
Math Science Interchange
Attn: Fran Manion
858 Third Ave.
Los Angeles, CA 90005
Telephone: 213-359-1148
E-mail: fmanion913@gmail.com
www.ExpandingYourHorizonsLA.org