


Expanding Your Horizons (EYH) 2007

STUDENT PARTICIPANT REGISTRATION FORM

(Please type or Print clearly)

First Name:		Last Name:											
Street Address:													
City:		State:	Zip:										
Telephone:		Grade: 8th - 10th receive priority											
School:		Email:											
Teacher or Adult Sponsor (see Note on Adult Sponsor form):													
Please rank your general area(s) of interest from 1 to 4, 1 being the most interested. <table><tr><td><input type="checkbox"/> Math</td><td><input type="checkbox"/> Physics</td></tr><tr><td><input type="checkbox"/> Computer Science</td><td><input type="checkbox"/> Architecture</td></tr><tr><td><input type="checkbox"/> Biology</td><td><input type="checkbox"/> Astronomy</td></tr><tr><td><input type="checkbox"/> Medical Sciences</td><td><input type="checkbox"/> Engineering</td></tr><tr><td><input type="checkbox"/> Chemistry</td><td><input type="checkbox"/> Don't Know</td></tr></table>				<input type="checkbox"/> Math	<input type="checkbox"/> Physics	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Architecture	<input type="checkbox"/> Biology	<input type="checkbox"/> Astronomy	<input type="checkbox"/> Medical Sciences	<input type="checkbox"/> Engineering	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Math	<input type="checkbox"/> Physics												
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Architecture												
<input type="checkbox"/> Biology	<input type="checkbox"/> Astronomy												
<input type="checkbox"/> Medical Sciences	<input type="checkbox"/> Engineering												
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Don't Know												
Special Interests not listed above:													
Have you attended an EYH conference in the past? (<input type="checkbox"/> Yes / <input type="checkbox"/> No) If yes, please note workshops attended:													
Special Needs or Accommodations, Dietary Preferences, or Other Information you would like us to consider:													
													
My child is in at least 8th grade and has my permission to attend Expanding Your Horizons. I give my permission for her to use public transportation if necessary to attend the workshops. I give my permission for her to be photographed for publicity purposes. In the event of any emergency while my child is attending EYH, I give my permission for her to receive emergency medical treatment and care. Registrations must be signed by a Parent or Guardian to be considered. If your child needs special accommodations (e.g. sign language interpreter), please be sure it is indicated above.													
Parent or Guardian (please print name):		Parent or Guardian signature:	Daytime phone in case of an emergency:										
Alternate emergency contact: Name		Relationship to EYH participant											
Daytime telephone													

Please give this form to your adult sponsor, or send directly to:

Jutta Kayser, EYH07/TC07 Registrar
Los Alamos National Laboratory
PO Box 1663, MS A249
Los Alamos, NM 87545

Phone: (505) 665-3104
Fax: (505) 667-7340
Email: jkayser@lanl.gov

Registrations received by February 21st receive first priority. Registrations submitted after this date will be accepted on a space available basis; we recommend FAX for late registration. Late registration closes on February 28th. After February 28th, please call to inquire if space is still available for on-site registration. Please contact the EYH07/TC07 Registrar if you need more information about registration.

EYH07 Chair: Aviva Sussman, (505) 667-1495, spring@lanl.gov

Main LAWIS/EYH07 Web Page: <http://nmnwse.org/lawis/eyh>