

**Celebrate Presidents’ Day**

**at the**

**STEM Open House**



**The DuPage Regional Office of Education invites**

**5th through 8th grade students & their parents/guardians to the**

**Presidents’ Day STEM Open House!**

**DATE:** Monday, February 15, 2016 🟊 Presidents’ Day

**TIME:** 10:00 a.m. – 12:00 p.m. Admission permitted up until 11:15 a.m.

**WHERE:** Technology Center of DuPage (TCD), 301 S. Swift Rd., Addison IL

**WHAT:** Guests will engage in STEM-related activities and browse exhibits.

**WHO:** 5th through 8th grade students **with** a parent or guardian. Students will be excluded from the event if they arrive without an adult. **Registration is required to attend**.

**COST:** None

**Register: Complete one registration form per family. Email completed form to Nancy Nega,** [**nnega@dupageroe.org**](mailto:nnega@dupageroe.org)

**Questions: Contact Mary Biniewicz,** [**mbiniewicz@dupageroe.org**](mailto:mbiniewicz@dupageroe.org)

**Presidents’ Day STEM Open House Registration Form**

**Registration Required to Attend**

* STEM Open House for 5th through 8th grade students **and** their parents or guardians. Students without parents/guardians will be excluded from the event.
* Monday, February 15, 2016
* 10:00 a.m. – 12:00 p.m. Admission permitted up until 11:15 a.m.
* Technology Center of DuPage at 301 S. Swift Rd., Addison IL
* None

**Complete one Registration form per family.**

**All information is required.**

**Email completed form to: Nancy Nega,** [**nnega@dupageroe.org**](mailto:nnega@dupageroe.org)

**Registration is limited to 200 students and will close when capacity is reached, or on February 8, 2016, whichever occurs first.**

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| --- | --- |
| **Information for the Parent/Guardian Who Will Attend with the Student(s)** | |
| First Name | Last Name |
| Street Address | City/Zip |
| Phone  Area code: Number: | Email |
| **Student(s) Information** | |
| 1. First Name | Last Name |
| School | City of School |
| Underline or Highlight Student’s Grade: 5 6 7 8 | |
| 2. First Name | Last Name |
| School | City of School |
| Underline or Highlight Student’s Grade: 5 6 7 8 | |
| 3. First Name | Last Name |
| School | City of School |
| Underline or Highlight Student’s Grade: 5 6 7 8 | |

**Questions?** Email Mary Biniewicz, [mbiniewicz@dupageroe.org](mailto:mbiniewicz@dupageroe.org)