

## **NYSSEF 2019-20 APPLICATION FORM**

All students must register online at <a href="www.nyssef.org">www.nyssef.org</a> by January 31, 2020 at 5:00 PM with uploads of this application form. Hard copies of this application form (one per student participant), payment form and appropriate fees must be <a href="MAILED">MAILED</a>\* and <a href="RECEIVED\* BY">RECEIVED\* BY</a> February 7, 2020 at 5:00 PM.

(	A F	New York State Science and E Attn: Robert Hildebrand, Tre P. O. Box 605 Valley Stream, NY 11582		
<u>Sélect Divis</u>	<u>ion</u>	,		
registration PARTICI	ISEF - MUST include this applicable IS PATION in NYSSEF 2020)	EF forms, abstract and research	ch paper OR YOU WILL NOT	n members online QUALIFY FOR
LINK for	form upload (less than 15MB): <u>ht</u>	tp://nyssef.org/home/register/	<u>fisefnyssefforms</u>	
☐ Andromed	la - MUST include this application	form during online registration	- <u>ONE PER TEAM MEMBER</u> . I	Payment form must be mailed
with payme  Breadcom  with payme	- MUST include this application for	orm during online registration -	ONE PER TEAM MEMBER. Pa	syment form must be mailed
******	**** ISEF Categories ONLY, lea	ive blank for Andromeda and	l Broadcom Divisions*******	****
Animal Sciences	☐ Behavioral & Social Sciences	☐ Biochemistry	☐ Biomedical & Health Sciences	☐Cellular & Molecular Biology
Chemistry	☐ Computational Bio & Bioinformatics	☐ Earth & Environ. Science	☐ Embedded Systems	☐ Energy: Sustainable Materials & Design
Energy: Physical	[] Engineering Mechanics	☐ Environmental Eng.	☐ Materials Science	Mathematics
Microbiology	Physics & Astronomy	☐ Plant Sciences	☐ Robotics & Intelligent Machines	☐ Systems Software
Biomedical Engineering	☐Translational Medical Science			
udent informati	on: <u>ALL</u> participants mu	ist submit a separate a	and completed application	on form
	***			<del></del>
ve torn <u>i per stau</u>	ent, NOT ONE per team; a	u team members snoute	complete this form separ	ately)
Last Name: _	Parel	First Name: <u>PhoSh'</u>	·	<u> </u>
Email: <u>Qnv</u>	SNXOLPOLP LZOOZ Egmoin co	Phone Number: 516-6		12_
	ss: 159 raiest rosiynt		ent School: <u>Mineola H</u>	
	pal: Whittney smith, E		ent Advisor: <u>ENEV MCGO</u>	de-acculon, end
Advisor emai  Project type:	1: emogrademocriton en	UNEO/CHEIS NEW YOR	isor phone number: 616-2	37-2600
/				
☑ Individual —	· • • · · · · · · · · · · · · · · · · ·			
□Team:	Partner(s) Name(s) Partner(s) School(s)			_ _
acknowledge the poter Broadcom regulations, students MUST be ac educator); in a chape understand that the ISI NYSSEF will cover al district or the school sy death of persons or los	we read and understand the NYSSEF, Inc. rules ntial inherent risks associated with conducting a including safety and size limitation, and reconcompanied by a school chaperone (chaperone rone to student ratio of 1:5 for Broadcom & AEF division students are competing to represent I costs associated with the trip for up to two teasons or will incur all costs associated with the adds or damage of property in any way occurring in NYSSEF fairs, we hereby consent that all photo ation in any manner.	the research described in this application paize that failure to comply with these re must be an employee of the students' re andromeda fairs only. Failure to provide New York State in the International Scien in members for team projects. Should a te whitonal student(s). We waive all claims aga a connection with our participation in NYS	and certify that this project complies with all gulations may result in disqualification. We registered school district; <u>ISEF chaperone</u> me the required ratio will result in disqualific; and Engineering Fair that will be held in A am be selected that has more than two student inst NYSSEF, its officers, trustees, staff and/or SEF. We agree to indemnify and hold them h.	applicable ISEF, NYSSEF and understand that all competing ust be a science/math/research atton on the day of the fair. We transheim, CA- May 10-15, 2020. s, we understand that the school r its sponsors for any injury to or armiess against all such liability.
Student signat	ture: amus pur		Date_	12/10/19
Parent/Guard	ian signature: ww	- 11	Date	12/10/19
Liaison signat	ure blen Mist	sel .	Date_	1 / 1
Ruilding prine	cipal signature:	4	Nate	Izlulia

<sup>\*</sup> Hand-delivered forms and/or failure to provide completed forms and payment by <u>February 7, 2020 at 5:00PM</u> will result in disqualification. In the event of a disqualification, no refunds will be issued. If a payment check is returned, there will be a \$30 fee. NYSSEF respectfully requests that all registration and payment questions be addressed solely by the school liaison.