

REGISTRATION FORM
NORTHERN CALIFORNIA WESTERN NEVADA
JUNIOR SCIENCE AND HUMANITIES SYMPOSIUM

**This form can be completed electronically and sent as an email attachment
It will be used for communications and preparation of nametags and certificates
If not completing this electronically, PLEASE!! Type or Print Clearly in Ink THANKS!!**

Name of School: _____ Phone: _____ fax _____

School Address: _____ email _____
Street City State Zip

Adult who will chaperone students: I am a Teacher Parent Other (_____)

Name: _____ Home Phone: () _____ email: _____

Home Address: _____ Gender: M F
Number Street City State ZIP

US Citizen? Yes No Permanent Resident From what country? _____

PLEASE REMIT \$100 REGISTRATION FEE WITH THIS FORM.

A RECEIPT WILL BE SENT WHEN THE FORM AND REGISTRATION FEE ARE RECEIVED

A maximum of four persons, preferably one adult and three students, will be covered by the registration fee.

The cost per extra person will be based on the level of services needed, (See list on page 2.)

We will have _____ additional adults attending this year. Please list additional information on page 2.

We will have _____ additional students attending this year. Please list additional information on page 2.

Symposium Student Participants

Name: _____ Age _____ Grade _____ Gender M F

Home Address: _____ Home Phone: () _____

US Citizen? Yes No Permanent Resident From what country? _____

Name: _____ Age _____ Grade _____ Gender M F

Home Address: _____ Home Phone: () _____

US Citizen? Yes No Permanent Resident From what country? _____

Name: _____ Age: _____ Grade _____ Gender M F

Home Address: _____ Home Phone: () _____

US Citizen? Yes No Permanent Resident From what country? _____

_____ Check here if you will be commuting and will not need hotel accommodations or breakfast.

_____ Check here if you prefer your students of the same gender to be housed together as roommates.

_____ Please indicate here the number of vegetarian meals needed .

Please note any other special requirements (i.e., number of handicapped accommodations or other needs)

*Please return this completed form and remittance no later than February 24, 2010:
Email as attachment to rmartin@berkeley.edu, fax to (925) 777-1035 or (510) 642-4156
Or, mail to Roger Martin, Director, JSHS, Lawrence Hall of Science,
University of California at Berkeley,
Berkeley, CA 94720-5200*

ADDITIONAL PARTICIPANT FEES

(These Fees cover approximately 1/2 the costs incurred by the Symposium)

Full participation, two nights hotel and all meals and activities - \$250

One night hotel, appropriate meals and activities - \$150

Commuter, full participation, all meals and activities - \$100

Commuter, one day, appropriate meals and activities - \$50

ADDITIONAL ADULTS

Name: _____ Teacher _____ Parent _____

Home Address: _____

Street City State Zip

Home Phone () _____ email _____ Gender M ___ F ___

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____

Name: _____ Teacher _____ Parent _____

Home Address: _____

Street City State Zip

Home Phone () _____ email _____ Gender M ___ F ___

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____

Name: _____ Teacher _____ Parent _____

Home Address: _____

Street City State Zip

Home Phone: () _____ email _____ Gender M ___ F ___

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____

ADDITIONAL STUDENTS

Name: _____ Age _____ Grade _____ Gender M ___ F ___

Home Address: _____

Street City State Zip

Home Phone () _____ email _____

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____

Name: _____ Age _____ Grade _____ Gender M ___ F ___

Home Address: _____

Street City State Zip

Home Phone () _____ email _____

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____

Name: _____ Age _____ Grade _____ Gender M ___ F ___

Home Address: _____

Street City State Zip

Home Phone: () _____ email _____

U.S. Citizen: Yes ___ No ___ Permanent Resident ___ From what country _____