



May 16, 2009 Registration Form

Please complete the following, printing clearly. Registration confirmation will be sent by email.

Name: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Emergency Phone Contact on 5/16/09: _____

Please check the following:

Student: Grade _____ School _____

Parent

Educator/Outreach: School/Organization _____

STUDENTS ONLY: Please select workshops in order of your interest; (List workshop #) 4 from Life Sciences and 4 from Physical Sciences. You will be assigned 2 workshops. For a list of the workshops go to <http://eyh.ucsc.edu/workshops>

Life Sciences

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Physical Sciences

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I prefer a VEGAN lunch

I have special dietary restrictions/allergies. Please list: _____

I require special needs accommodations. Please specify: _____

I grant permission for my child to receive emergency medical care while attending the '09 EYH Conference at University of California, Santa Cruz.

Date: _____ Parent or Guardian Signature: _____

During the conference a photographer may take pictures of your daughter. These photos may appear on our website or in publications. With Conference Registration you have given us permission to use her photograph.

Write a check for \$20 per person to: UC Regents/EYH 2009 and mail to: EYH Conference, c/o ACE Program, 1156 High Street, Santa Cruz, CA 95064.

