

EXPANDING YOUR HORIZONS ♦ REGISTRATION FORM ♦ November 19, 2016

Be sure to complete ALL sections of the registration form

Register Early! Program fills quickly!

♦ INDIVIDUAL REGISTRATION DEADLINE IS NOVEMBER 4, 2016 ♦

Name: _____

first & last

Address: _____

street or rural route and box number

city/state/zip _____

Phone: _____

Group Information: For groups arriving and departing together.

Group Name: _____

Group deadline is October 28.

School Name: _____

School City: _____

Student's Current Grade: 6th _____ 7th _____ 8th _____

Lunch Preference: Vegetarian _____ Non-Vegetarian _____

COST: \$35 per person

Registration fee includes full-day conference and catered lunch.

MAKE CHECK OR MONEY ORDER PAYABLE TO EYH.

If you need a full scholarship (\$35), check here _____.

If you need a partial scholarship (\$25), check here _____ and send in \$10 fee.

SELECT YOUR PREFERENCES!

SELECT **TWO** BROAD AREAS (SEE BACK SIDE FOR DESCRIPTIONS). You will be assigned to a career exploration activity in at least one of your preferred areas and one area you don't select to expand your horizons.

My Career Interests are: (see descriptions on back)

Applied Math Biology & Life Sciences Computers in Science
 Engineering Environmental Science Health & Medicine
 Physical Sciences

Have you attended this conference before? Yes _____ No _____

QUESTIONS? e-mail eyh.uwmadison@gmail.com or call 608-262-4932

Do you have a disability or serious health condition that EYH should be aware of (e.g., allergies, dietary restrictions, physical limitations)? (attach additional sheet if necessary)

Yes _____ What Type? _____ No _____

If you have a disability or serious health condition that may require intervention or assistance on our staff's part, please advise us above. Requests are confidential. UW-Madison provides equal opportunities in employment and programming. Translation services may be provided upon request. Student participants are encouraged to have their own health insurance as limited accident insurance is provided by the university.

PERMISSION FORM FOR PHOTOGRAPHS/VIDEOS

I understand and agree that the University or other media may take photographs and/or videos of camp participants and activities for use in promotional materials. I agree that the University of Wisconsin-Madison and/or other media outlet shall be the owner of and may use such photographs and or videos relating to the promotion of future camps or other University programs or activities. I relinquish all rights that I may claim in relation to the use of said photographs.

Signature of Parent/Guardian

Date

PERMISSION FORM FOR CAREER EXPLORATION SITE VISITS

I hereby give permission for my child to participate in site visits under staff supervision, and agree to hold harmless the Board of Regents of the University of Wisconsin System and other sites visited and their employees from any and all liability, injury or loss arising out of, or occurring in the course of my child's participation in this program. I certify that my child is fit to participate in all program activities. In case of emergency I grant permission for my child to be given treatment by Emergency Medical Services or at a local hospital.

Signature of Parent/Guardian

Date

Day of Conference Contact Number: _____

IMPORTANT NOTES ABOUT REGISTRATION:

Enrollment confirmation, including directions to the event, will be **e-mailed** to you from Expanding Your Horizons. All applications must be signed by a parent or guardian and be accompanied by full payment or a request for scholarship aid. We are unable to accommodate special requests such as placement in a particular career track or placement with a particular friend/classmate. All participants are expected to remain at the conference for the entire day.

E-mail of parent/guardian or group leader for confirmation

This information is collected to enhance the programming efforts of the University of Wisconsin-Madison and is voluntary.

SEX: Female _____ Male _____ Birthdate _____/_____/_____

HERITAGE: American Indian/Alaskan Native _____ Hispanic/Latino _____ White _____

Black/African American _____ Asian/Pacific Islander _____ Other _____

Send payment made out to EYH and signed registration form to:

EXPANDING YOUR HORIZONS

UW-Madison

Attn: Heather Daniels

270 Bascom Hall, 500 Lincoln Dr. Madison, WI 53706