

# EXPANDING YOUR HORIZONS IN SCIENCE AND MATHEMATICS™ REGISTRATION

UNIVERSITY OF NOTRE DAME

\*\*Form Deadline Date: March 31, 2009\*\*

## Registration Form *(please print)*

Print Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

If you have attended EYH at Notre Dame previously, please check this box.

For EYH, you will have the opportunity to participate in 3 different career workshops. To indicate the types of careers that interest you, rank 5 different career choices from *1 to 5*. The workshop you want *the most* should be ranked "1", *second-most* should be "2", etc. Select 5 career choices *from different career areas* to increase your chances of being assigned to a workshop in which you are interested.

Workshops are assigned in the order that Registration Forms are received.

**You will be assigned your three workshops on a first come, first served basis.**

*Popular workshops fill up quickly. Forms that are received early get priority.*

**NOTE: We will try our best to provide all workshops, but workshops are subject to presenter availability.**

<p><i>Animal and Human Health Sciences Workshops</i></p> <p><input type="checkbox"/> Dental specialist</p> <p><input type="checkbox"/> Dietician/Nutritionist</p> <p><input type="checkbox"/> Lab Technician</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Paramedic</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Physician/Physician Assistant</p> <p><input type="checkbox"/> Therapist (physical or occupational)</p> <p><input type="checkbox"/> Veterinarian/Vet Tech</p>	<p><i>Business &amp; Finance Workshops</i></p> <p><input type="checkbox"/> Accountant</p> <p><input type="checkbox"/> Entrepreneur (business)</p> <p><input type="checkbox"/> Finance and Investments</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Tax Preparation</p>	<p><i>Other Career Workshops</i></p> <p><input type="checkbox"/> Architect</p> <p><input type="checkbox"/> Chef</p> <p><input type="checkbox"/> Journalist</p> <p><input type="checkbox"/> Lawyer</p> <p><input type="checkbox"/> Librarian</p> <p><input type="checkbox"/> Social Scientist</p> <p><input type="checkbox"/> Teacher</p>
	<p><i>Life Sciences Workshops</i></p> <p><input type="checkbox"/> Biologist</p> <p><input type="checkbox"/> Environmental Health Spec.</p> <p><input type="checkbox"/> Naturalist</p>	<p><i>Physical Sciences Workshops</i></p> <p><input type="checkbox"/> Chemist/Biochemist</p> <p><input type="checkbox"/> Computer programmer</p> <p><input type="checkbox"/> Engineer (problem solver)</p> <p><input type="checkbox"/> Physicist</p>

**PLEASE COMPLETE BOTH PAGES**

NAME: \_\_\_\_\_

Please select a tee-shirt size by circling one of the following (all sizes are adult):

Small  
(fits girls size up to 12)

Medium  
(fits girls size 14 - 16)

Large  
(fits women sm/med)

X-Large  
(women med/lar)

Lunches will be provided by Notre Dame Concessions and will consist of the following:

- Indicate your *Main Course* by circling one item

<b>Main Course choice</b>	Hamburger	Cheeseburger	Hot dog	Veggie Pita (vegetarian choice; no meat)
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You will have available the following choices for your side, dessert and beverage. All participants will have the opportunity to select one of each item and does not need to be indicated now.

- Sides include: *Potato Chips* or *Pretzels*
- Dessert includes: *Sugar cookie* or *Chocolate Chip cookie*
- Beverage includes: *bottled water*, *lemonade* or *Powerade*

*PLEASE INDICATE ANY FOOD ALLERGIES ON THE HEALTH FORM.*

**\*\*Regarding Form Deadline Dates\*\***

For girls registering to the conference as **individuals**, the form deadline date is **March 31, 2009**. For girls registering as **members of a school group** (limited to 25), the form deadline date is **March 17, 2009** (in order to accommodate workshop requests to the best of our ability). ***All forms will be processed on a "first come, first served" basis!***

*Registration will close when the conference reaches its capacity.  
This may be earlier than the registration form deadline date!*

***TO COMPLETE REGISTRATION,***  
mail this completed form, Waiver and Health form, \$10 fee to:

Expanding Your Horizons  
c/o Erica Price  
331 W. 6<sup>th</sup> St.  
Mishawaka, IN 46544

***FOR MORE INFORMATION,  
CONTACT:***

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EYH Conference Organizer  
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E-mail: morris.3@nd.edu