

Expand Your Horizons Enrollment Form – 10-22-2005

Mail to:

Dr. Kathy Thrush Shaginaw
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OR

FAX to:

Dr. Kathy Thrush Shaginaw
(215) 736-2308



Sponsoring Teacher's Name: _____

Address: _____

Telephone Number: _____

E-Mail address: _____

I would like to register the following students for the Expand Your Horizons Program:

1. Name: _____

School & Grade: _____

2. Name: _____

School & Grade: _____

3. Name: _____

School & Grade: _____

4. Name: _____

School & Grade: _____

_____ I am interested in being paired up with a scientist. I can be reached at the following phone numbers:

Day _____ Evening _____

_____ Our school is interested in having women scientists visit to perform experiments with our girls.

The enrollment of the girls in the program confirms parental approval to have their daughter's image potentially used in publicity for future Expand Your Horizons events.

Registration deadline is October 7, 2005. Confirmation letters with maps will be mailed to all participants about one and a half weeks before the event.