

TEACHER REGISTRATION FORM
INTERMOUNTAIN JUNIOR SCIENCE & HUMANITIES SYMPOSIUM
(IJSHS)

(Mail signed original to the IJSHS Office, 200 S Central Campus Dr, Rm. 80, Salt Lake City, UT 84112-9104 by **December 9, 2009**)

- Official Teacher Participant (\$50) Single Room fee \$100 _____
 Chaperone (\$50) Single Room fee \$100 _____
 Paying Guest (\$200 non-refundable after 01/09/09) if spouse see below

Name: _____

Social Security #: _____ Male/Female (for room assignment)

Mailing Address: _____

City, State, ZIP: _____

Email: _____ Telephone: _____

High School: _____

School Mailing Address: _____

City, State, ZIP: _____

School Telephone: _____

Have you previously attended the IJSHS? if yes, which year(s)? _____

Subjects taught in school: _____

Roomates:

- Double (I would like to request a roommate who is registered for IJSHS) his/her name:

- Double (I am bringing my spouse and would like a private room if one is available. I am enclosing the \$100 for a private room and checking the box at the top of page

My spouse will be a full participant (\$50) name _____

My spouse will not be participating in any IJSHS functions

I have read the General Information & Registration packet and hereby agree to obey all rules, regulation and mandatory attendance of IJSHS.

Signature: _____ Date: _____

Principal:

The above teacher is assigned to attend the IJSHS representing the above named high school:

Principal signature: _____ Date: _____

Please list any medical problems that you may have in the event you should need emergency medical care (for example, allergic reactions, heart problems, epilepsy, etc.)

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: _____ (day) _____ (night)