

# Heritage Science Teacher Workshop 2010 Registration Form

Workshop you would like to register for (please check those that apply):

University of Alberta Workshop \_\_\_\_\_ (July 13 – July 15, 2010)

University of Calgary Workshop \_\_\_\_\_ (July 20 – July 22, 2010)

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City / Postal Code:** \_\_\_\_\_ **Home Telephone: ( )** \_\_\_\_\_

**Email Address: (hm)** \_\_\_\_\_ **(wk)** \_\_\_\_\_

**School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Telephone: ( )** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**High School Science Courses Taught:** \_\_\_\_\_

\_\_\_\_\_

**Post-Secondary Education (please include year degree obtained):** \_\_\_\_\_

\_\_\_\_\_

**Have you previously taken any professional-development laboratory-based courses?**

Yes  No

If yes, please list courses and completion dates

\_\_\_\_\_

\_\_\_\_\_

**Are you traveling from out-of-town and require accommodation at the University of Alberta or University of Calgary Residence for the duration of the Heritage Science Teacher Workshop? If you are attending both workshops, please indicate if you will require residence accommodation for both.**

Yes  No  \_\_\_\_\_

**Are you able to commit to attending all 3 days of the workshop?**

Yes  No

\*\*Send to: AHFMR  
G33 Heritage Medical Research Building  
3330 Hospital Drive N.W.  
Calgary, AB T2N 4N1  
or fax (403) 210-8150  
**by Monday, June 14, 2010**