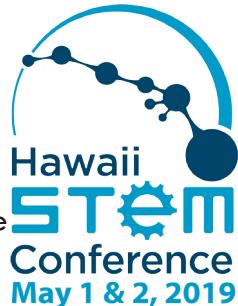


2019 HAWAII STEM CONFERENCE

HAWAII CONVENTION CENTER, HONOLULU

PARTICIPATION REGISTRATION FORM:



GENDER: Male Female

LEGAL NAME (First, Middle Initial, Last)

SCHOOL NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

Mobile Home

EMAIL ADDRESS

EMERGENCY CONTACTS:

1.

NAME

RELATIONSHIP

CONTACT NUMBER

2.

NAME

RELATIONSHIP

CONTACT NUMBER

REGISTRATION FEE: \$200 (Please make checks payable to *Maui Economic Development Board*.)

T-SHIRT SIZE (ADULT, PRE-SHRUNK): \$12 for sizes S-XL | \$13 for 2XL and up

S M L XL XXL XXXL

AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT

In the case of illness, I hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred. I have medical coverage: NO YES

If yes, please check appropriate coverage plan: HMSA Kaiser Military

Other: (specify)

Please specify any special medical or other such instructions you would want considered:

ALLERGIES/SPECIAL DIETARY NEEDS:

Please list any food allergies (i.e., Gluten, Soy, Dairy free, allergic to peanuts, etc.):

AUTHORIZATION TO PARTICIPATE IN STEM CONFERENCE 2019:

I release and hold harmless STEMworks™ Hawaii; MEDB, their officers, agents and employees, for any injury or death suffered by my child while participating in the planned activities.

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PRINT OR TYPE PARENT/GUARDIAN NAME

PARENT/GUARDIAN NAME SIGNATURE

DATE