USESN Student Symposium
Indiana University
March 27-28, 2004
Confirmation Form

School Name:_________________________________

Teacher(s): _________________________________
       _________________________________

Male  Female
Students: ____________________________ 6   6
       ____________________________ 6   6
       ____________________________ 6   6
       ____________________________ 6   6
       ____________________________ 6   6

Chaperone(s): ______________________________

Number and type of student Research Presentations (individual, group, poster, oral, etc.)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Special Needs (smoking rooms, handicap access, etc.): _________________
______________________________________________________________________

Personal Vehicle:_________ School Vehicle:__________ Other:________

Arrive:  9:00 – 9:30 a.m., Saturday, March 27
Depart:  1:30 p.m. Sunday, March 28 (optional field trip until mid - afternoon)

Are you interested in the optional field trip?  Yes__________  No________

If yes, how many are interested?__________________

Please fax (812 – 855 – 7899) or email (pepp@indiana.edu)
NO LATER THAN MARCH 8, 2004