



# STEM: Links to the Future

STEM Summer Institute 2010, August 8 - 11, 2010  
 @ SUNY Oswego, Oswego, NY

## Presenter Registration Form

|                                 |  |
|---------------------------------|--|
| <b>Name</b>                     |  |
| <b>Street Address/PO Box</b>    |  |
| <b>City, State Zip</b>          |  |
| <b>Home Phone</b>               |  |
| <b>School /Business Address</b> |  |
| <b>City, State, Zip</b>         |  |
| <b>Work Phone/Cell Phone</b>    |  |
| <b>Email Address</b>            |  |

*Check all that apply*

|                       |                          |                      |
|-----------------------|--------------------------|----------------------|
| <b>Current Status</b> | <input type="checkbox"/> | Teacher/Professor    |
|                       | <input type="checkbox"/> | Supervisor/Dept Head |
|                       | <input type="checkbox"/> | Retired              |
|                       | <input type="checkbox"/> | Full Time Student    |
|                       | <input type="checkbox"/> | Other:               |

*Check all that apply*

|                      |                          |                    |
|----------------------|--------------------------|--------------------|
| <b>Area of Focus</b> | <input type="checkbox"/> | Elementary School  |
|                      | <input type="checkbox"/> | Middle/Junior High |
|                      | <input type="checkbox"/> | High School        |
|                      | <input type="checkbox"/> | College            |
|                      | <input type="checkbox"/> | Adult              |

|  |   |  |                               |                               |   |
|--|---|--|-------------------------------|-------------------------------|---|
| <b>Registration</b>  |   | <b>Full Institute</b>                        | <b>Monday Only</b>            | <b>Tues &amp; Wed</b>         | X |
|  | Primary Presenter   | <input type="checkbox"/> Free                | <input type="checkbox"/> Free | <input type="checkbox"/> Free |   |
|  | Co-Presenter  | <input type="checkbox"/> \$100               | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$50 |   |
| The primary presenter at each session is free all co-presenters are required to pay full registration.   |   |  |                               |                               | X |
|  |   |  |                               | <b>Registration Amt</b>       |   |
| <b>Bed &amp; Board</b>   | *Room price based on double occupancy. We will assign you a room-mate if you do not have one. |  |                               |                               |   |
|  | <input type="checkbox"/>  | 3 nights room all meals included             |                               | \$310                         |   |
|  | <input type="checkbox"/>  | Sunday night (S Picnic/M Breakfast/M Lunch)  |                               | \$110                         |   |
|  | <input type="checkbox"/>  | Monday night (M Banquet/T Breakfast/T Lunch) |                               | \$115                         |   |
|  | <input type="checkbox"/>  | Tuesday night (T Dinner/W Breakfast/W Lunch) |                               | \$115                         |   |
|  | <input type="checkbox"/>  | For Single Room add \$22/night               |                               |                               |   |
|  | <input type="checkbox"/>  | Monday Banquet (Commuters)                   |                               | \$25                          |   |
| Add'l room, board options are available upon request. <b>Contact:</b> Frank Sobierajski (See below)      |   |  |                               |                               |   |
| <input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher Note other dietary needs on reverse. |   |  |                               | <b>Bed &amp; Board Amt</b>    |   |
| I'll be rooming with:  |   |  |                               |                               |   |
| or Assign me a roommate <input type="checkbox"/> Male <input type="checkbox"/> Female                    |   |  |                               |                               |   |
|  |   |  |                               | <b>Grand Total</b>            |   |

**Refund policy:** All requests must be submitted in writing, postmarked by July 31, 2010 and mailed to:  
 Frank Sobierajski PO Box 277, Cato, NY 13033 or fsobierajski@gmail.com

Make checks payable to: **Department of Technology, SUNY/Oswego**

Mail to: STEM Summer Institute 2010  
 209 Park Hall  
 SUNY Oswego  
 Oswego, NY 13126

