

# SUMMER WORKSHOP SERIES FOR HIGH SCHOOL STUDENTS REGISTRATION FORM

## I PLAN TO ENROLL IN THE FOLLOWING WORKSHOP(S):

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Illuminate Your Future (June 19-23) | \$250 | <input type="checkbox"/> Cryptography (June 26-30)                   | \$250 |
| <input type="checkbox"/> Rising Star Teachers (June 19-23)   | \$250 | <input type="checkbox"/> Justice League: Web of Knowing (July 10-14) | \$250 |
| <input type="checkbox"/> Printmaking (June 26-30)            | \$250 | <input type="checkbox"/> Go Ahead...Make My Data (July 10-14)        | \$250 |

## STUDENT INFORMATION

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First and Last Name

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Birthdate

T-Shirt Size

High School

Graduation Year

Academic/Major Interests

List All Allergies, Special Dietary or Medical/Mobility Needs

## PARENT/LEGAL GUARDIAN INFORMATION

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First and Last Name

Parent/Legal Guardian Email

Cell Phone

*I authorize my son/daughter to attend the Summer Workshop Series for High School Students at Dominican University.*

Parent/Legal Guardian signature

Date

## PAYMENT INFORMATION

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Enclosed is my check in the amount of \$\_\_\_\_\_ ; payable to Dominican University

Please charge my card \$\_\_\_\_\_

Visa  MasterCard  Discover  AMEX

Card Number

Exp. Date

Name on Card

Signature

**Please return this form with payment by Friday, April 14, 2017 to:**

Dominican University  
Office of Undergraduate Admission  
7900 W. Division Street  
River Forest, Illinois 60305