



Council on Undergraduate Research National Conference CUR Kids Registration

June 25-27, 2006 Depauw University Greencastle, Indiana

For kids ages 6-12. We have an exciting 2 1/2 days planned for children who participate in this program. Run by Karen Hirt, local third grade teacher with more than 15 years experience, this program includes fun and educational activities for kids. Weather may dictate the exact schedule of activities but they will include a full day at the world famous Indianapolis Children's Museum, some field science at the DePauw University Nature Park, and a multitude of other activities designed to engage students in fun and learning. Lunch and snacks each day will be provided. Parents will be able to drop their children off in time to participate in the first workshop each morning Sunday through Tuesday. Parents will pick their children up after the last session Sunday through Tuesday (approximately 4:45 pm Sunday and Monday; 12:30 pm Tuesday). Questions can be directed to Bridget Gourley, bgourley@depauw.edu, Professor of Chemistry and Biochemistry.

Conference Participant Name _____
Title _____ Institution _____
Department _____
Address _____
City/Town _____ State/Province _____ Country _____ Zip Code _____
Phone _____ Fax _____ Email _____

Registration: All payments will be made directly to DePauw University. You will be contacted with payment instructions, medical release forms, etc. at a later date.

<u>Registration</u>	<u>Cost</u>	<u>Number Attending</u>
First Child	\$150	_____
Each Additional Child	\$135	_____
Conference Meal Plan	\$56	_____

Purchasing this meal plan will allow children to eat at meals with parents who have purchased a conference meal plan.

Snack Fee \$20 _____

This fee is for children who do not purchase a meal plan, and will cover snacks during the CUR Kids Program.

Child Information: Please complete the following information for each child attending the CUR Kids Program

First Name: _____ Last Name: _____

Sex: _____ Age: _____

Parent/Legal Guardian's name: _____

Food Allergies/Special Considerations: _____

First Name: _____ Last Name: _____

Sex: _____ Age: _____

Parent/Legal Guardian's name: _____

Food Allergies/Special Considerations: _____

First Name: _____ Last Name: _____

Sex: _____ Age: _____

Parent/Legal Guardian's name: _____

Food Allergies/Special Considerations: _____

Return this form by fax or mail to:

Council on Undergraduate Research, 734 15th St NW, Suite 550. Washington, D.C. 20005. fax: (202) 783-4811.