

Registration Form

Please mail this form along with payment, no later than **Friday July 3, 2009**, to WPI, Office of Student Affairs, 100 Institute Road, Worcester, MA 01609-2280. Please make checks payable to **WPI**.

Name _____

Year in school _____ School name _____

Date of Birth _____

Ethnicity: African American American Indian Caucasian Gender: Male
 Latino/a Biracial Other Female

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Payment enclosed

Names of parent/guardian _____

TECH DAYS

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