



REGISTRATION FORM

Please type or print clearly. Registration deadline is October 1, 2002.

Name of School: _____

Address of School: _____

Contact Person: _____

Daytime Phone: _____

Email Address: _____

Travel Method (select one):

Airline Train Bus Car/Van Other

Airline and Flight/Train #: _____

Date/Time of Arrival: _____

Date/Time of Departure: _____

**Registration fee for each student delegate and each adult chaperone is
\$110.00**

Student name	Grade	Gender	T-shirt size (M,L,XL,XXL)	Special Needs
1.				
2.				
3.				

Student name	Grade	Gender	T-Shirt size (M,L,XL, XXL)	Special Needs
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Chaperones Attending	Position	T-Shirt size (M,L,XL, XXL)	Special Needs
1.			
2.			
3.			

Number of attendees _____ X \$110.00 = _____

Total to be invoiced = \$ _____

Contact: Jennifer Griffiths
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jag@wpi.edu

Karen Sirkin
508-831-5389
ksirkin@wpi.edu

Fax: 508-831-5791

Please make checks payable to WPI/NCSSSMST (please include your school's name on the check) and mail to:

External Affairs
100 Institute Road, Worcester, MA 01609