



Summer Workshop For High School Science Teachers
July 15-19, 2019
Model Systems in Neuroscience Research

NOTE: You must be a full-time biology or science teacher in a high school in Massachusetts.

- Full Name & Title:
- Current **School Name**:
- School Address:
- Science Classes/grades Taught (In the past 3 years)
- How many years have you been teaching high school?
- Work Telephone:
- Fax:
- Home Address:
- Home telephone/ Cell:
- Email (Work/ Personal):
- Date of Birth:
- Will you require parking?
- Have you attended previous workshops (If yes, please indicate year)?
- How did you hear about this workshop (For new attendees only)?

AUTHORIZED SIGNATURE; _____ SCIENCE TEACHER SIGNATURE: _____

Email form to Dr. Mandana Sassanfar (mandana@mit.edu) and Zella Pirello (zpirello@mit.edu)

