

Participant Registration Form
VIRGINIA JUNIOR ACADEMY OF SCIENCE
67th Annual Meeting
May 20 - 23, 2008
Hampton University
Hampton, Virginia

Please duplicate this form as needed for each registrant

Print clearly in black ink.

Student ID: _____

Suffix: _____ Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Affiliate School/Organization: _____

E-mail: _____

Home phone: (____) _____ Work phone: (____) _____ Fax: (____) _____

Do you have a disability for which you need assistance? Yes* No

*If yes, describe the assistance you need

Registration Fees -- Deadline May 9, 2008 to Hampton University

Registration Options	Cost	Total
Option A (registration, lodging , meals, and activities)		
A1 Double Occupancy - per person	\$125.00 = \$	_____
A2 Single Occupancy (Adults Only)	\$135.00 = \$	_____
Option B (registration, meals, and activities)		
Wednesday Only (no lodging)	\$ 65.00 = \$	_____

Payment Method:

Please pay the selected amount to the appropriate official at your school.

Signature of Registrant: _____

Teacher's Summary Sheet – VJAS Registration

VIRGINIA JUNIOR ACADEMY OF SCIENCE

67th Annual Meeting

May 20 - 23, 2008

Hampton University

Hampton, Virginia

Must be received by May 9, 2008

Please print clearly in black ink.

Name of School:	School Division:
School Address:	(Area Code) Daytime Phone Number:
Name of Head Sponsor:	Signature:

Summary of attendees and fees:

Registration Options	Number	Cost	Total
Option A (registration, lodging, meals, and Virginia Air and Space Center Activity)			
A1 Double Occupancy per person	_____ x	\$125.00	=\$_____
A2 Single Occupancy (Adults Only)	_____ x	\$135.00	=\$_____
Option B: (registration, meals and activities)			
Wednesday Only (no lodging)	_____ x	\$ 65.00	=\$_____

Payment methods – (HU/VAS Acct: 667553-227553-3364-4138) HU's Federal ID# 54-0505990

Enclosed is my payment of \$_____ by check or money order payable to *Hampton University* (Attn: VAS/HU 2008).

Credit or Debit Card payment to Hampton University, Attn: VAS/HU 2008

<i>Payment by Credit or Debit Card made payable to Hampton University (Attn: VAS/HU 2008).</i>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card Number: _____ - _____ - _____ - _____	Expiration Date __ / __
Signature _____	

Please return this form and payment to:

Dr. Donald A. Whitney, Physics Department Hampton University, Hampton, VA 23668	Phone 757-727- 5820 or FAX 757-728-6910 e-mail: donald.whitney@hamptonu.edu
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I understand that \$20 of this fee is non-refundable up to May 12. After May 12, 2008 no refund will be made.

Signature: _____ Date _____

Judges On-campus Housing Form

VIRGINIA JUNIOR ACADEMY OF SCIENCE

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Please duplicate this form as needed

Suffix: _____ Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home phone: (____)_____ Work phone: (____)_____ Fax: (____)_____

Do you have a disability for which you need assistance? Yes No

If yes, describe the assistance you need

Lodging Fees -- Deadline May 9, 2008 to Hampton University

On campus lodging (all rooms include linens)	# of Nights	Cost per Night	Total
Option A (registration, lodging , meals, and activities)			
Double Occupancy per person per night	_____ x	\$25.00	= \$_____
Circle night(s): Tu, W, Th			
Single Occupancy per person per night	_____ x	\$50.00	= \$_____
Circle night(s): Tu, W, Th			

Payment methods – (HU/VAS Acct: 667553-227553-3364-4138) HU's Federal ID# 54-0505990

Enclosed is my payment of \$_____ by check or money order payable to *Hampton University* (Attn: VAS/HU 2008).

Credit or Debit Card payment to Hampton University, Attn: VAS/HU 2008

<i>Payment by Credit or Debit Card made payable to Hampton University (Attn: VAS/HU 2008).</i>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card Number: _____ - _____ - _____ - _____	Expiration Date ____ / ____
Signature _____	

Please return this form and payment to:

Dr. Donald A. Whitney, Physics Department Hampton University, Hampton, VA 23668	Phone 757-727- 5820 or FAX 757-728-6910 e-mail: donald.whitney@hamptonu.edu
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I understand that \$20 of this fee is non-refundable up to May 12. After May 12, 2008 no refund will be made.

Signature: _____ Date _____

Parent/Guest Registration Form – Wednesday Events Only

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Hampton University
Hampton, Virginia**

Please duplicate this form as needed

Suffix: _____ Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home phone: (____)_____ Work phone: (____)_____ Fax: (____)_____

Do you have a disability for which you need assistance? Yes No

If yes, describe the assistance you need

Registration Fees -- Deadline May 9, 2008 to Hampton University

Parent / Guest Option	# of Parents/ Guests	Cost per Person	Total
VJAS Registration, Wednesday sessions only (no meals) Includes program and name badge	_____ x	\$5.00	\$ _____ =

Payment method:

Make checks payable to Hampton University.

Enclosed is my payment of \$ _____ **TOTAL**

Signature: _____

Please return this form and payment or confirmation of payment to: Hampton University (HU/VAS 2008)

Dr. Donald A. Whitney, Physics Department Hampton University, Hampton, VA 23668	Phone 757-727- 5820 or FAX 757-728-6910 e-mail: donald.whitney@hamptonu.edu
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I understand that this fee is non-refundable after May 12, 2008.

ROOM ASSIGNMENT FORM

VIRGINIA JUNIOR ACADEMY OF SCIENCE

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Hampton University

Hampton, Virginia

Instructions:

1. Please TYPE the names of males and females who will be attending in the left and right columns, respectively. TYPE ALL NAMES (INCLUDING SPONSORS) EXACTLY as they should appear on name tags. Sponsors are responsible for pairing students as roommates on this form. Indicate the registration option selected.
2. Please identify sponsors and other adults by an asterisk (*). Single occupancy is for adults only. There must be one adult for every eight students attending this meeting. Sponsors will stay in the assigned residence hall with their students.
3. Identify individuals with special requirements due to disabilities and describe their requirements.
4. DO NOT WRITE in the space for room assignments. DO NOT WRITE ON BACK. Please copy this form if additional space is needed.

NAME OF SCHOOL: _____

NAME OF SPONSOR: _____

Option	Name (males)	Option	Name (females)
1.a		1.a	
1.b		1.b	
2.a		2.a	
2.b		2.b	
3.a		3.a	
3.b		3.b	
4.a		4.a	
4.b		4.b	
5.a		5.a	
5.b		5.b	
6.a		6.a	
6.b		6.b	
7.a		7.a	
7.b		7.b	

Option	Name (males)
8.a	
8.b	
9.a	
9.b	
10.a	
10.b	
11.a	
11.b	
12.a	
12.b	
13.a	
13.b	
14.a	
14.b	
15.a	
15.b	
16.a	
16.b	
17.a	
17.b	
18.a	
18.b	
19.a	
19.b	
20.a	
20.b	

Option	Name (females)
8.a	
8.b	
9.a	
9.b	
10.a	
10.b	
11.a	
11.b	
12.a	
12.b	
13.a	
13.b	
14.a	
14.b	
15.a	
15.b	
16.a	
16.b	
17.a	
17.b	
18.a	
18.b	
19.a	
19.b	
20.a	
20.b	

VJAS Medical Consent Form

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I hereby authorize the physicians, nurse practitioners, physician assistants and staff members of the selected hospital, or the Hampton University Health Center, to examine, interview, test, and, if necessary, treat my son/daughter:

Last name	First name	Middle Initial
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as they may deem advisable and disclose such information to other responsible university officials as necessary.

Print clearly in black ink.

Parent/Guardian Signature _____

Relationship: _____ Date: _____

Emergency contact _____

Emergency telephone number: _____

Health insurance carrier: _____

Health insurance phone number: _____

Health insurance number: _____

Policy member's name: _____

*****This form MUST accompany the registration forms in order to attend the conference*****

VJAS Media/Broadcast Release Form

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I, _____, do hereby give the Virginia Academy of Science, the Virginia Junior
(print student name)

Academy of Science, AND HAMPTON UNIVERSITY, their assigns and legal representative the irrevocable right to use my photograph or video images in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

Teacher: _____ Student: _____

School Name: _____ Date: _____

Name of newspaper to which publicity release should be sent (if known).

CONSENT

As the parent and/or guardian of the minor named above, I have the legal authority to execute the above release. I approve the foregoing and waive my rights in the premises

Parent/Guardian: _____
(Print name) (Signature)

Relationship to minor: _____ Date: _____

Print Address: _____
(Street)

City

State

Zip Code

****This form MUST accompany the registration forms in order to attend the conference****