

CHICAGO JSHS Registration Form

Student Name: _____
(As you want it to appear on awards or certificates)

Are you a U.S. citizen or a permanent resident? Yes [] No [] Male [] Female []

Home Address: _____

Home phone: _____ E-mail: _____

Parent or legal Guardian _____

School grade: 9 10 11 12 (circle one) Your present age: _____

School Name: _____

Address of School: _____

School phone: _____ School fax: _____

Sponsoring Teacher: _____ Teacher E-mail: _____

Mentor Name/Agency/Lab: _____

Project Title: _____

EQUIPMENT NEEDS:

A computer and projector will be provided. For PowerPoint presentations, bring your presentation on a CD or flash drive **and** bring BACK-UPS on paper.

PLEASE NOTE: BY PRESENTING YOUR RESEARCH AT THE CHICAGO REGIONAL JSHS, YOU ARE MAKING A COMMITMENT TO ATTEND THE NATIONAL JSHS (MAY 2-5, 2018 IN HUNT VALLEY, MD) IF YOU ARE ONE OF THE TOP THREE FINISHERS, YOUR SIGNATURE ON THE LINE BELOW INDICATES THAT YOU HAVE READ THIS STATEMENT AND ACCEPT ITS TERMS. FAILURE TO SIGN WILL DISQUALIFY YOU FROM CONSIDERATION.

Signature _____

Return this registration form with your abstract and email to chicagojshs@luc.edu as well as mailing 2 hard copies of your final paper by February 02, 2018 (postmarked) to:

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