



# STEM FAMILY NIGHT REGISTRATION

Presented by Jeffrey Dudukovich, M.Ed.

<b>Point of Contact:</b>		
Name:	Cell Phone:	
Address:	Email:	
<b>School Information:</b>		
School Name:	Phone:	
School Address:	Administrator:	
	Administrator Email:	
Number of Students:	Number of Staff:	
K-5:	K-5 Teachers:	
6-8:	6-8 Teachers:	
9-12:	9-12 Teachers:	
<b>Objectives:</b>		
How many stations would you like us to bring? _____		
<b>Please indicate the stations you would like to use for your STEM Family Night:</b>		
<input type="checkbox"/> Light: Lasers, Lenses, & the EM Spectrum <input type="checkbox"/> The Science of Sound <input type="checkbox"/> Forces and Motion <input type="checkbox"/> Electricity <input type="checkbox"/> Magnetism <input type="checkbox"/> Rain Gutter Boat Race	<input type="checkbox"/> Spaghetti Tower Challenge <input type="checkbox"/> Density/Mystery Material <input type="checkbox"/> Size of the Solar System <input type="checkbox"/> Paper Airplane Lab <input type="checkbox"/> Hot Wheels Speedometry <input type="checkbox"/> Gravity Well	
<b>What are your requested staff training dates (please provide 3 dates for the one-hour PD training):</b>		
1.	2.	3.
<b>Please provide three preferred dates to schedule your STEM Family Night</b>		
1.	2.	3.
<b>What are your goals for your STEM Family Night?</b>		
<b>Are you interested in sending a teacher to one of our Summer STEM Professional Development courses?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> I'd like more information		

Please email your completed registration form to [jeffd@thestempros.com](mailto:jeffd@thestempros.com)