

# 2011-2012 LWAS Registration Form

Pre-Registration is required 2 weeks in advance of any program selection.

Name (guardian) \_\_\_\_\_ Member# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Visa  MasterCard  Discover  Check School(s) \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Total Charge \$ \_\_\_\_\_ Signature \_\_\_\_\_

Name(s) of Adult Attendees \_\_\_\_\_

Child attendee #1 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Child attendee #2 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Child attendee #3 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Child attendee #4 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Lunch With An IPFW Scientist

**Ages 8+ w/ Adult | \$16/Non-Member, \$10/Member**

- 10/08/11 Let There Be Light
- 11/12/11 Should We Be Afraid?
- 12/10/11 Where Do Bugs Go in Winter?
- 01/14/12 Coral Reefs
- 02/11/12 The Mathematics of Codes
- 03/10/12 A Firm Foundation
- 04/14/12 Name That Bone: The Science of Radiography
- 05/12/12 Drinking Water and Wastewater Treatment

Theme/topic are subject to change without notice.

## Science Central Membership \$65/Year

- Science Central Membership
- \$15 Add A Guest

### Volunteer

- I would like to be contacted about the Volunteer Program.

### Mail or Fax To:

Science Central  
1950 N. Clinton Street  
Fort Wayne, IN 46805

