

TECHBRIDGE 2010 SUMMER TRAINING INSTITUTE
REGISTRATION FORM
AUGUST 2-4, 2010

Name: _____

Date: _____ Contact Phone Number _____

Organization: _____

Profession/Title: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

I would like to attend the 2010 Techbridge Summer Training Institute. The registration fee covers 3 days of training and Techbridge curriculum

_____ I will be the only participant. The registration fee for one is \$750.

_____ I will be accompanied by a second participant from my organization/school. The registration fee for two participants from the same organization is \$1,000. The name of the second participant is _____.

A deposit of \$300 is required to reserve your spot. Please make checks payable to **Chabot Space & Science Center**. Send your registration form and check to:

Techbridge
7700 Edgewater Drive, Suite 519
Oakland, CA 94621
Fax: 510-777-9193

For credit card payment, please provide the following information:

Credit Card # _____

Expiration Date _____

Signature _____

We look forward to seeing you summer 2010!

For any questions, please contact us at techbridge@chabotspace.org or 510.777.9170