

REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone _____

SESSION: June 21 – 25, 2010
 June 28 – July 2, 2010

LEVEL: Elementary School Track
 Middle School Track

METHOD OF PAYMENT:

- Enclosed is my check for \$750 made payable to The Hockaday School.
 Please Charge \$_____ to MASTERCARD VISA American Express

Card Number _____ Expiration Date _____

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2010 SUMMER WORKSHOPS

Please complete this card and mail with your check or credit card payment to:

STEM Institute
c/o The Hockaday School
11600 Welch Road
Dallas, Texas 75229