

BUILD Dissecting Microscope/Embryogenic Workshop @ UCSD

**Registration**

Please complete, sign and return this form to Jesus A. Reyes ([Jesus.Reyes@csulb.edu](mailto:Jesus.Reyes@csulb.edu)) to register for the Dissecting Microscope/Embryogenic workshop

Registration form must be received by Monday June 19th 2017. Confirmation of registration will be sent by email.

**I hereby register for the Dissecting Microscope/Embryogenic workshop,**

**June 24th 2017 from 11-1:30pm**

**FULL NAME**

Title \_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**

Street Address 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVING DIRECTIONS AND PARKING INFORMATION**

Please check the website (<http://www.csulb.edu/maps/>) for directions.

Please check the website (<http://www.foundation.csulb.edu/departments/property/documents/parklot.htm> or <http://daf.csulb.edu/offices/ppfm/parking/>) for parking.

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| --- | --- | --- |
|  |  |  |
| Name | Signature | Date |

*Please complete and return this form* ***by email*** *(****subject: Dissecting Microscope/Embryogenic Workshop summer 2017****)*

***to****:* [jesus.reyes@csulb.edu](mailto:jesus.reyes@csulb.edu)

Checks payable to:

**CSULB**

*Questions*

**Jesus A. Reyes**

[Jesus.Reyes@csulb.edu](mailto:Jesus.Reyes@csulb.edu)

CSULB BUILD Program

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