

UNIVERSITY of **HOUSTON** | TECHNOLOGY

Center for Life Sciences Technology

Biotechnology Summer Teacher Workshop 2017

Name: _____
(Last) (First) (Middle Initial)

Home phone: _____ Email: _____
(Primary form of contact, please print legibly)

Emergency Contact: _____ Emergency Phone: _____

Attending Workshop Session: _____

High School: _____

Subject Taught: _____ For how many years?: _____

College Graduated: _____

Major: _____

How did you hear about the workshop?: _____

Have you ever participated in a laboratory workshop before? : Yes / No

If yes, what type of workshop, and when: _____

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I agree that I will carry out laboratory procedures in accordance with the specific safety instruction that I have received before undertaking the procedures. I agree to wear any safety equipment provided by the BTEC Laboratory in accordance with the safety instructions and shall ensure my safety at all times.

Initial _____

I acknowledge that I am responsible for my own safety while working in the laboratory. I therefore agree at all times to ensure that I wear all necessary protective equipment and to ensure that all safety instruction is carried out properly.

Initial _____

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that the BTEC Laboratory will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Biotechnology Summer Workshop. I waive all and any claims against the BTEC Laboratory in this respect.

Initial _____

I confirm that I do not know of any medical condition that I suffer from which might have the effect of making it more likely that I be involved in an incident which could result in injury to myself or others.

Initial _____

Name (print): _____

Signature: _____ Date: _____

Program fee: 325.00 Check / Money Order number: _____

Make check payable to University of Houston

Cost covers application fee, registration, tuition, supplies, materials and laboratory manual

*The above signed agree to pay a **NON-REFUNDABLE** fee of 325.00 in the case of non-attendance. In the case of cancellation by the University of Houston College of Technology, the above signed will be notified as soon as possible and a refund issued within 30 business days.*

Please mail completed form with payment to the address below:

Center for Life Sciences Technology
385 Technology Building
University of Houston
Houston, TX 77204