

ENTRANCE FORM FOR EXHIBITORS
ROCKVILLE SCIENCE DAY 2009

Sunday, April 26, 2009, Noon to 5:00 p.m.
Set-up: Saturday, April 25, 4 to 6 p.m. & Sunday, April 26, 10 a.m. to noon
Montgomery College, Rockville Campus

NAME (Organization or Individual): _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

PHONE # (Evening) _____ (Day) _____

FAX: _____ E-MAIL: _____

NAMES TO APPEAR ON THE
PROGRAM: _____

TITLE OF YOUR EXHIBIT: _____

TYPE OF EXHIBIT: Demonstration Hands-on Performance

DESCRIPTION: (Indicate the science involved, and the age groups of your target audience)

5 to 10 yrs

11 to 20 yrs

Over 21 yrs

SPACE NEEDED: (Tables are 6 ft X 2.5 ft) _____

DESCRIBE ANY SPECIAL NEEDS: Running water Drainage Electricity

PLEASE RETURN THIS FORM BY FEBRUARY 15, 2009 TO:

Bob Ekman, 524 Carr Ave, Rockville, MD 20850
or e-mail to bob.ekman@att.net

For more information: call Phyllis Marcuccio at 301-762-3588
or go to: www.rockvillescience.org