



PHILADELPHIA SCIENCE FESTIVAL

ACTIVITY REGISTRATION

Thank you for your interest in the 2015 Philadelphia Science Festival. If you'd like to provide a hands-on activity during the festival, please fill out this short form. Please note that Carnival registration will open in early January.

| | |
|---------------------|----------------------|
| Organization Name * | <input type="text"/> |
| Contact Name * | <input type="text"/> |
| Contact E-mail * | <input type="text"/> |
| Contact Type * | <input type="text"/> |
| Street Address * | <input type="text"/> |
| City * | <input type="text"/> |
| Province / State * | <input type="text"/> |
| Postal Code / ZIP * | <input type="text"/> |
| Country * | <input type="text"/> |
| Work Phone | <input type="text"/> |
| Mobile Phone | <input type="text"/> |

Please give us a short description of your planned activity *

Words: 0/50

Activity Title *

Please phrase your title in the form of a question. This title will be used on table signage and on the event listing on the website, so be as creative as you like. You CAN change your title later if need be.

Please select the event(s) for which you'd like to be considered: *

- ☐ Discovery Day
- ☐ Field Trip
- ☐ Mess Fest
- ☐ Neighborhood Science After School
- ☐ Science Carnival After Hours
- ☐ Science Day at the Ballpark

Attached Files

| | | |
|---------------------------|--|----------------|
| Organization Logo | <input type="button" value="Choose File"/> | No file chosen |
| Expectation Acknowledge | <input type="button" value="Choose File"/> | No file chosen |
| Indemnification Agreement | <input type="button" value="Choose File"/> | No file chosen |
| Activity or Org photo | <input type="button" value="Choose File"/> | No file chosen |

[Click here to add another file](#)

Event Contacts

Please add the names and relevant details for all Event Contacts.

| | |
|----------------------|---------------|
| Name * | (remove this) |
| <input type="text"/> | |
| Role * | |
| <input type="text"/> | |
| Phone * | |
| <input type="text"/> | |
| Email * | |
| <input type="text"/> | |

 [Click here to add an event contact](#)

Press Contact

Please add a PR contact should the press want to speak to someone from your organization. If you do not know your PR Contact, click (remove this) next to the section.

| | |
|----------------------|---------------|
| Name * | (remove this) |
| <input type="text"/> | |
| Phone * | |
| <input type="text"/> | |
| Email * | |
| <input type="text"/> | |

 [Click here to add a press contact](#)

Websites

| | |
|----------|--------------------------------------|
| Facebook | <input type="text" value="http://"/> |
| Twitter | <input type="text" value="http://"/> |
| Website | <input type="text" value="http://"/> |

All organizations will be given a table and 2 chairs. If you require additional accommodations, please list them here. Please note that electricity is NOT available for Discovery Day programs

If you are affiliated with a College, University or Medical Institution, please indicate below:

- ☐ Arcadia University
- ☐ Chestnut Hill College
- ☐ Community College of Philadelphia
- ☐ Drexel University
- ☐ Esperanza College
- ☐ LaSalle University
- ☐ Philadelphia College of Osteopathic Medicine
- ☐ Philadelphia University
- ☐ Rowan University

- ☐ Rutgers University
- ☐ University of Pennsylvania
- ☐ University of Pennsylvania- Medicine
- ☐ Saint Joseph's University
- ☐ Temple University
- ☐ Thomas Jefferson University
- ☐ University of the Arts
- ☐ Villanova University

Other

Disclaimers

☐ I have completed this application and am authorized to supply all the information contained here within.

☐ I have checked that my contact details are correct.

Submit your activity application

* required field

