Email (preferred), mail or fax form to **Robert Hollow**Education Officer CSIRO Astronomy and Space Science

FAX: 02 9372 4444 robert.hollow@csiro.au

allocated for you.



Astronomy from the Ground Up! Teacher Workshop Registration Form

Please register to attend the **Teacher Workshop at Parkes, 2 - 4 May 2014**. You will be notified separately and provided with payment details when a place has been

Title: First name:			Last name: _			
Preferre	ed name for bad	ge:				
School:						
System:	government / sy	/stemic /	independe	nt (circle which o	one applies	s)
Contact	phone:			Fax:		
Email ac	ddress:					
(you will	receive notification	on of a pla	ace via em	ail)		
Postal a	ddress:					
Subjects	s taught: (tick al	I that app	ly)			
Biology [Chemistry	□ Ea	arth and E	nvironmental Scie	ence 🗌	Physics [
Senior So	cience 🗌 Stag	e 4-5 Scie	ence 🗌	Other:		
				_		
How aid	you find out ab	out this	worksnop)?		
How wo	uld you rate you	ur knowl	edge and	confidence in t	eaching a	stronomy?
Special	dietary needs?	Yes /	No	Please specify	v if yes:	
What we	ould you most li	ke to lea	rn about	in this worksho	p?	
Any oth	er comments or	request	s?			
	e if you wish to be		l via email	of future CSIRO	Astronomy	and Space
	e if you are happy	_	name and	school details to	be provide	d to other
	participants in t	•				