



Registration Form

First Name * _____ Last Name _____

State/Country * _____ E-mail * _____

Team Name/Number (if any) _____

Team E-mail (if any) _____

FIRST/STEM programs you have ever been involved in, including mentoring (check all that apply) *

- | | |
|---|---|
| <input type="checkbox"/> Jr FIRST LEGO League | <input type="checkbox"/> FIRST Robotics Competition |
| <input type="checkbox"/> FIRST LEGO League | <input type="checkbox"/> VEX Robotics |
| <input type="checkbox"/> FIRST Tech Challenge | <input type="checkbox"/> Other: _____ |

Check all that currently applies to you *

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Team member | <input type="checkbox"/> Supporter of girls/women in STEM |
| <input type="checkbox"/> Coach/mentor | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> FIRST Alumni | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Volunteer | |

Please check what you would like to receive direct e-mail about (check all that apply) *

- Mentoring opportunities in my area
- To give advice to teams with questions
- Updates about FIRST Ladies in general
- Guest blogging opportunities about my experience in FIRST
- I don't want to get any e-mails
- Other: _____

Other Comments/Information: _____

* - Required information