

NATIONAL STUDENT LEADERSHIP CONFERENCE

2010 REGISTRATION FORM

Please submit application to:

Dan Oshiro, VP for Administrative Affairs

The J. David Gladstone Institutes

1650 Owens Street, San Francisco, CA 94158-2261

FAX: 415-355-0820



1. PROGRAM SELECTION: Please list your 1st, 2nd and 3rd session choices in numerical order. If your first choice is not available, you will be registered for your next available alternative.

Medicine & Health Care

University of California – Berkeley (San Francisco)

 June 21– June 30, 2010

 July 5 – July 14, 2010

 July 18 – July 27, 2010

2. STUDENT INFORMATION: ALL INFORMATION IS ONLY FOR NSLC USE, ALL FIELDS ARE REQUIRED.

Name: Last: _____ First: _____ Middle Initial: _____ Gender: Male Female
Nick Name/Name for nametag (if different than First Name above): _____ Priority Code: _____
Social Security Number: _____ or Non US Citizen Passport Number: _____ Passport Country: _____
Permanent Address: Street/P.O. Box _____ City: _____
State: _____ Zip Code: _____ Country: _____ Date of Birth: ____/____/____
Phone: (____) _____ Student Cell: (____) _____ Student E-mail: _____

High School Graduation Year: _____ Current Grade Point Average (GPA): _____ on a scale of: _____
High School: _____ School Phone: (____) _____ Counselor: _____
High School Location: Street/P.O. Box: _____
City: _____ State: _____ Zip Code: _____

3. PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Student: _____
Address (if different from student's): _____ Email: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

4. SCHOLARSHIP INFORMATION:

The J. David Gladstone Institutes includes the tuition for the National Student Leadership Conference on Medicine & Health Care. The tuition covers housing accommodations, all meals but 3, transportation during the program, course materials, and admission to various events throughout the program's schedule.

5. STUDENT AND PARENT/GUARDIAN AGREEMENT:

A comprehensive Code of Conduct, which details guidelines for behavior and prohibits possession of such substances as drugs, alcohol, and tobacco will be included in the student's Acceptance Packet. I understand that this form and other required forms must be signed and returned in order to participate in the NSLC. I further understand that failure to abide by this code of conduct may result in my immediate dismissal, return home at own expense, and forfeiture of the awarded scholarship.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date