



NATIONAL STUDENT LEADERSHIP CONFERENCE 2009 REGISTRATION FORM

Please submit application to:
Daniel 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 20 – June 29, 2009
____ July 5 – July 14, 2009
____ July 18 – July 27, 2009

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: _____
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