

**“Babies and Birth Defects: A Mystery in Texas” Workshop  
Application Form**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School's Name \_\_\_\_\_

Subjects Taught: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Degree                      Major/Minor

University/College \_\_\_\_\_ Dates Attended \_\_\_\_\_

Additional Education: \_\_\_\_\_

Degree              School              Major              Year Awarded

Certificate Type                      Subject(s)/Area(s)                      Expiration Date

2002-2003 Teaching Assignment: \_\_\_\_\_

Total Years Teaching: \_\_\_\_\_

Math, Health and Science teachers are encouraged to apply as a team.

Team Member's Name \_\_\_\_\_ Subject(s) Area(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed applications to  
Kimberly Parker, MA, MPH, CHES  
Program Associate, Emory Center for Science Education  
1399 South Oxford Rd. Atlanta, Ga. 30322  
Office-404.727.4232, Fax -404.727.9702  
Kparke4@learnlink.emory.edu

**Applications must be received (mailed or faxed) by June 3, 2002**

Date Received: \_\_\_\_\_  
(interoffice use only)