*Registration Form*

ArkanSONO SEPA Sponsored

**Anatomy & Histopathology I: Focus on Cancer Webinar Series**

**Student Information**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending in Fall 2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know what career you want to do for a living? \_\_\_\_\_YES \_\_\_\_\_ NO \_\_\_\_\_\_ Don’t Know Yet

If so what career are you interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am registering to participate in the **ArkanSONO sponsored Anatomy & Histopathology I: Focus on Cancer webinar series.** I understand that as part of this virtual series I will participate in group ZOOM sessions with UAMS ArkanSONO staff accompanied by others from UAMS. All links to the ZOOM sessions will be sent to the students at the email listed above. I understand that participation in this *Virtual Outreach activity* is voluntary and free. I understand that if I am a current student in high school that I must also have my parent complete the section below and submit a completed parental consent and release form to finalize the registration application process.

=======================================================================================*(section below only required if student is currently in high school)*

***Parent/Guardian Information***

First Name \_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we text you? \_\_\_\_YES \_\_\_ NO

Parent Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my child/guardian permission to participate in the **ArkanSONO sponsored Anatomy & Histopathology I: Focus on Cancer webinar series.** I understand that as part of this virtual series my child will participate in group ZOOM sessions with UAMS ArkanSONO staff accompanied by others from UAMS. All links to the ZOOM sessions will be sent to the parents and students at the email listed above. I understand that participation in this *Virtual Outreach activity* is voluntary and free. I understand that I must also submit a completed parental consent and release form to finalize the registration application process.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed registration form electronically (photo ok) at: ArkanSONO@yahoo.com