



HVAC STUDENT CHALLENGE MAIL-IN / FAX-IN REGISTRATION

Registration Deadline - Monday, February 15, 2010
(Register 1 form for each team)

School Name: _____

School Location (County): _____

Teacher / Team Advisor Information:

Advisor Name: _____

Advisor Phone: _____

Advisor E-mail: _____

Student Team:
(name up to 3 students) _____

Registration Options:

FAX this registration form to:
410-540-9041
ASHRAE HVAC Student Challenge
ATTN: Ken Frazier

or

MAIL this registration form to:
ASHRAE HVAC Student Challenge
Leach Wallace Associates, Inc.
6522 Meadowridge Road
Elkridge, MD 21075
ATTN: Ken Frazier

If registration is available online at the Baltimore ASHRAE website at the time of your registration you may also choose to register online:

<http://www.ashrae-balto.org> (Student Activities page)

**** Awards Ceremony Registration Forms may be delivered at the same time ****

**** Submit this registration page ****



HVAC STUDENT CHALLENGE AWARDS CEREMONY MAIL-IN / FAX-IN REGISTRATION (Register 1 form for each team)

- WHO:** Student Challenge participants and their parents / guardians
- WHAT:** Baltimore ASHRAE (American Society of Heating, Refrigeration, & Air Conditioning Engineers) Chapter Meeting & Awards Ceremony
- Dinner will be served and awards will be announced and presented to HVAC Student Challenge participants
- WHERE:** The Engineering Society of Baltimore
Garrett Jacobs Mansion
11 West Mount Vernon Place
Baltimore, MD 21201
- WHEN:** Thursday, March 4, 2010 6:00 PM – 9:00 PM
- NOTES:** Bring a copy of a basic resume if interested.
Dress is business attire (coat & tie).

AWARDS CEREMONY RESERVATIONS INSTRUCTIONS:

Students, RSVP to your Team Advisor **no later than Monday February 15, 2010**. Advisor, please fill in the school name, checkboxes, and quantities below for yourself and for each Team Member. Fax or mail this form by February 15th using the same delivery instructions as the Student Challenge Registration. This information will be used to assist Baltimore ASHRAE in compiling an exact head count for award ceremony meals.

High School Name _____

Student Team Member 1 **WILL** **WILL NOT** attend, and _____ (Qty) parents

Student Name _____

Student Team Member 2 **WILL** **WILL NOT** attend, and _____ (Qty) parents

Student Name _____

Student Team Member 3 **WILL** **WILL NOT** attend, and _____ (Qty) parents

Student Name _____ *(Check WILL NOT if only 2 team members)*

Team Advisor **WILL** **WILL NOT** attend, and _____ (Qty) guests

Advisor Name _____ *(Check WILL NOT if counted on another team)*