**SPARQ-ed Cell and Molecular Biology Experience-**

**Expression of Interest Form**

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| **School Name :** |
| **School Address :** | **Postal address (if applicable):** |
| **Preferred Program 9am-2.30pm (please tick)** (program details <http://www.di.uq.edu.au/sparqcbeoverview>)* DNA Restriction and Electrophoresis
* The Polymerase Chain Reaction
* Alkaline Lysis Mini-Plasmid Preparations
* Mitosis Movies
* Immunofluorescence
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| **School fee schedule** (please circle **school type and appropriate fee**):

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| **School type** | Fee |
| State school ICSEA rating ≤ 950 | Full day $50 |
| State School | Full day $350 |
| Private school | Full day $450 |

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| School Telephone : |  | School Fax: |  |
| School ABN:  |  |  |  |
| Teacher Contact Name: | Teacher Contact Email : |
| School Finance contact: | School Finance contact email : |
| Year Level : |  | Number of Students : |

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| Preferred Dates (please provide three alternative dates): |
| **Acknowledgement**❒ We hereby acknowledge that to participate, fees are payable on invoice on completion of the workshop or by credit card on completion of workshop.❒ We also acknowledge that is a science outreach program and SPARQ-ed staff are working as specialist resident presenters. For reasons pertaining to Occupational Health and Safety, classroom teachers will be present and actively supervising students in the workshop at a ratio of at least 1 teacher : 24 students\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) Signature Date |