**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 | | | |
| **School fee schedule** (please circle **school type and appropriate fee**):   |  |  | | --- | --- | | **School type** | Fee | | State school ICSEA rating ≤ 950 | Full day $50 | | State School partner institution | Full day $350 | | Private school | Full day $450 | | | | |
| 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 |