



## Tech Careers: I Am The Future!

Presented by the Maui Economic Development Board, Inc., Women in Technology Project and the County of Maui

Thursday, October 25 & Friday, October 26, 2007

# CHECKLIST

- Read **Participation Guidelines** Thoroughly
- Complete **Student Registration Form**
- Parents Complete and Sign **Both** DOE and Tech Careers Parent Authorization Forms (students obtain teacher approvals & signatures)
- \$10.00 Registration Fee
  - Check / Money Order (made out to “MEDB, Inc.”) OR
  - Credit Card (American Express, Visa, or MasterCard Only – complete credit card info on Student Registration Form)
- Submit the following items no later than **October 17:**
  - Student Registration Form
  - DOE Parent Authorization Form for Student Travel
  - Tech Careers Parent Authorization Form
  - Registration Fee of \$10.00

Mail to: MEDB, Inc.  
Attn: Tech Careers  
1305 North Holopono Street, Suite 1  
Kīhei, HI 96753
- Transportation – See Participation Guidelines for details and/or arrangements
- Don't forget to bring your Picture ID (state, school, driver's permit/license, or passport) for **both** days!

Dress code will be enforced (see “Clothing Requirements” in Participation Guidelines)

For more information please visit [www.hightechmaui.com](http://www.hightechmaui.com) or contact

Lesley Erin at (808) 875-2341 or email [erin@medb.org](mailto:erin@medb.org)



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### PARTICIPATION GUIDELINES

#### SCHEDULE:

Thursday, October 25, 2007

8:00 a.m. to 2:00 p.m. (Doors open at 7:30 a.m.)

Maui Research & Technology Park

1305 North Holopono Street, Suite 1, Kīhei (map on right)

Friday, October 26, 2007

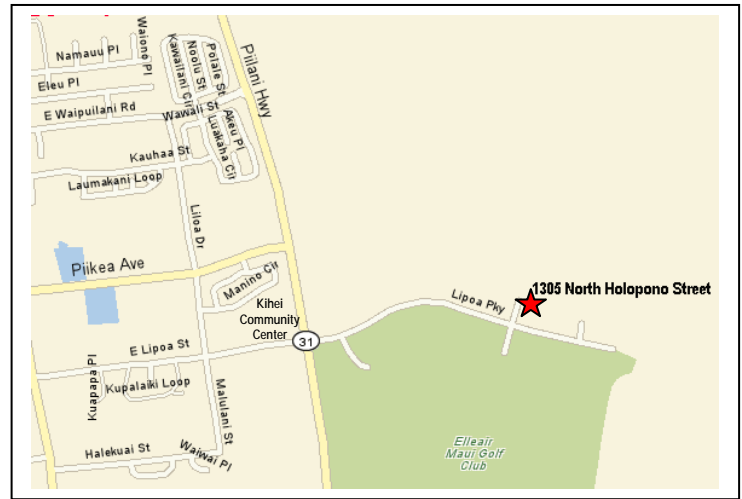
See "Transportation" below for times.

Maui Space Surveillance Complex, Haleakalā Summit

#### STUDENT REGISTRATION AND PARENT AUTHORIZATION FORMS REQUIRED TO PARTICIPATE:

All students are required to have their parent(s)/guardian(s) complete the enclosed "Student Registration Form" and both "Parent Authorization" Forms. **Students are responsible for obtaining teacher approvals and returning these forms with a credit card payment, check or money order for \$10.00 made out to "MEDB, Inc." no later than Thursday, October 17.** Students must submit all required forms and payment to: MEDB, Inc., Attn: Tech Careers, 1305 North Holopono Street, Suite 1, Kīhei, HI 96753.

**YOU MUST BE A CITIZEN OF THE UNITED STATES AND YOU MUST BRING A PICTURE ID WITH YOU ON BOTH DAYS TO VISIT THE MAUI RESEARCH & TECHNOLOGY PARK AND THE MAUI SPACE SURVEILLANCE COMPLEX. ANYONE WITHOUT A PICTURE ID WILL NOT BE ALLOWED TO BOARD THE BUS.**



#### PROHIBITED ITEMS:

These items are prohibited and will be confiscated from students: recording devices, cameras, compact CD players, radios, walkmans, Discmans, computers, MP3 players, cell phones, pagers, tobacco products, matches, lighters, weapons.

#### TRANSPORTATION:

Thursday, October 25, 2007

Transportation will be provided only for students traveling from Moloka`i, Lāna`i, Hāna and West Maui. All other students are responsible for their own transportation to the Maui Research & Technology Park in Kīhei (see map above).

Friday, October 26, 2007

Buses will be provided as follows. **Please be there no less than 15 minutes prior to departure time. You must take a bus, and not your own vehicle, to travel to the Maui Space Surveillance Complex. Return times are approximate and delays are possible.**

7:45 a.m.	Departure from Lāhainaluna High School, parking lot in front of office
7:45 a.m.	Departure from Kīhei Charter School
7:30 a.m.	Departure from Baldwin High School, parking lot in front of office
7:45 a.m.	Departure from Maui High School, upfront by office
8:15 a.m.	Departure from Maui Beach Hotel for Hāna, Lāna`i and Moloka`i students
9:00 a.m.	Departure from King Kekaulike High School, back parking lot
2:30 p.m.	Arrive at King Kekaulike High School Parking Lot
3:00 p.m.	Arrive at Maui High School Parking Lot, Kahului
3:15 p.m.	Arrive at Baldwin High School Parking Lot, Wailuku
3:15 p.m.	Arrive at Kīhei Charter School
4:15 p.m.	Arrive at Lāhaina harbor for Lāna`i and Moloka`i students only
4:30 p.m.	Arrive at Lāhainaluna High School Parking Lot

#### Tentative Schedule

Final Schedule will be given prior to event.

#### LUNCH:

Lunch will be provided both days. Please list special dietary needs and food allergies on Student Registration Form.

#### CLOTHING REQUIREMENTS:

You will be visiting respectable places of employment. Please dress appropriately – the following is not allowed: strapless or spaghetti strapped tops, slippers, shorts, skirts, profane or obscene clothing. On BOTH days, everyone must wear long pants (preferably jeans) and closed-toe, comfortable shoes (some walking will be involved – sneakers are preferred). On Friday, students must also bring a heavy jacket or sweater. Students without proper clothing will not be allowed to board the bus. Students will be walking between facilities, so prepare for cold/rain. The inside of the MSSC will be about 40° F, so students will need warm clothes!



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STUDENT REGISTRATION FORM

Workplace visits and job shadowing are great opportunities to learn about the real world of work. Please clearly complete application form in its entirety. Blank fields will not be accepted. Due to security clearance policies, you must be a US citizen to participate. Completed registration form, both parent authorization forms, and payment are all due on October 17, 2007. To be eligible for this event, you must be able to participate on both days. Space is limited. A selection team will decide on your participation status and you will be contacted by October 19, 2007.

Legal Name (first, middle, last) \_\_\_\_\_ Gender:  Female  Male

(Legal name as stated on valid ID like driver's license, student ID, State ID, etc.)

School \_\_\_\_\_ Grade  9  10  11  12

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a US citizen?  Yes  No (Non-US citizens are ineligible to participate in event)

Have you participated in Tech Careers in the past?  Yes  No

Have you visited any companies in the Maui Research & Technology Park?  Yes  No

If yes, explain reason for visit, date, name of event (if applicable), and names of companies visited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in participating in Tech Careers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Favorite school subjects: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Favorite outside school interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your post-high school plans? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

This event will expose students to a wide variety of experiences and information, some of which may be more valuable to you than others. Below is a checklist of what you can expect to learn during the Tech Careers event. Rank each item 1 to 5 based on what you feel is most important to you, with 5 being the most important.

Table with 7 rows (a-g) and 5 columns (Least important to Most Important) for ranking items.

More on Back ->



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**STUDENT REGISTRATION FORM**

Please provide us with at least 2 teacher referrals (note: teachers will be contacted):

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_ Subject Taught: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_ Subject Taught: \_\_\_\_\_

Best way to get a hold of you or your parents to notify you if you have been selected to participate:

Home number: \_\_\_\_\_ Times to call: \_\_\_\_\_  
Parent/Guardian Name & Phone #: \_\_\_\_\_ Times to call: \_\_\_\_\_  
Parent/Guardian Name & Phone #: \_\_\_\_\_ Times to call: \_\_\_\_\_

**Lunch will be provided on BOTH days**

To better accommodate you; please list special dietary needs or food allergies: \_\_\_\_\_  
\_\_\_\_\_

**October 25, 2007 (Thursday)**

8:00 a.m. to 2:00 p.m. (Students may arrive as early as 7:30 a.m.)

Maui Research & Technology Park, 1305 North Holopono Street, Kīhei

Transportation for students attending Hāna, Lāna`i, Moloka`i, and Lāhainaluna high schools will be provided. All other students are responsible for their own transportation to the Maui Research & Technology Park.

**Each student may participate in one of the following presentation tracks. Each track will include three presentations by companies from the Maui Research & Technology Park. PLEASE MARK your first choice with a "1", your second choice with a "2", and your third choice with a "3". We cannot guarantee your first choice.**

- \_\_\_\_\_ **Explore! – Learning About Our World and Beyond**
- \_\_\_\_\_ **Invent! – Creating A Better Tomorrow**
- \_\_\_\_\_ **Engineer! – Applying Technology To Create Solutions**

**October 26, 2007 (Friday)**

University of Hawai`i-Institute for Astronomy and Maui Space Surveillance Complex at the Summit of Haleakalā

Travel to and from Haleakalā Summit will be available for students from school bus drop-off sites in Lāhaina, Central Maui and Upcountry. Please see Participation Guidelines for details.

*[Please Complete and Print Clearly]*

**STUDENT NAME:** \_\_\_\_\_ **T-SHIRT SIZE (PRE-SHRUNK)** S M L XL XXL

**\$10.00 REGISTRATION PAYMENT:**  CHECK / MONEY ORDER (TO "MEDB, INC.")  CREDIT CARD (COMPLETE INFO BELOW)

**CREDIT CARDHOLDER NAME:** \_\_\_\_\_ **TYPE:** Amex Visa MC

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_\_

**BY OCTOBER 17:** Fax credit card payment to (808) 879-0011. Mail ALL completed forms with check or money order for \$10.00 made out to "MEDB, Inc." to: Maui Economic Development Board, Inc. Attn: Tech Careers, 1305 North Holopono Street, Ste. 1, Kīhei, HI 96753. Call (808) 875-2341 or visit [www.hightechmaui.com](http://www.hightechmaui.com) for more information.

**YOU MUST COMPLETE ALL FORMS TO PARTICIPATE!**



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**PARENT AUTHORIZATION FORM**  
**COMPLETE AND RETURN BY Thursday, OCTOBER 17, 2007**

Mail with your \$10.00 payment and ALL required forms to: MEDB, Inc., 1305 North Holopono Street, Suite 1, Kīhei, HI 96753  
Fax credit card payments to: (808) 879-0011, Attn: Tech Careers

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address, City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Info

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Destinations: Maui Research and Technology Park, Kīhei and the Maui Space Surveillance Complex, Haleakalā Summit.

Buses will take students attending Lāhainaluna, Hāna, Moloka`i or Lāna`i to the Maui Research & Technology Park on Thursday, October 25. All other students are responsible for their own transportation to the Maui Research & Technology Park in Kīhei. Please indicate which bus location you will use:

Lāhainaluna High  Maui Beach Hotel (Moloka`i, Lāna`i, Hāna students)

Buses will take participants to Haleakalā Summit on Friday, October 26. Please indicate which bus location you will use:

Kīhei Charter  King Kekaulike High  Lāhainaluna High  Maui High  Baldwin High  Maui Beach Hotel (Moloka`i, Lāna`i, Hāna students)

**AUTHORIZATION FOR MEDICAL OR DENTAL TREATMENT**

In the case of illness or injury to my child, I hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

My child has medical coverage:  No  Yes, please check appropriate coverage plan:  HMSA  Kaiser  Military  Other (specify) \_\_\_\_\_

Please specify any special medical or other such instructions you would want considered:

**AUTHORIZATION TO PARTICIPATE IN ACTIVITIES OF TECH CAREERS: I AM THE FUTURE**

I hereby grant permission for my child named above to participate in Tech Careers on October 25 and 26, and to travel by car, bus, and other means of transportation to and from planned event activities. I release and hold harmless the Maui Economic Development Board, Inc., Maui Research and Technology Park tenants, University of Hawai`i – Institute for Astronomy, and the United States Air Force Maui Space Surveillance Complex, their officers, agents and employees, for any injury or death suffered by my child while participating in the planned activities.

**MINOR PHOTOGRAPHY RELEASE**

In consideration of the engagement as a model of the minor named above and upon the terms hereinafter stated, I hereby grant Maui Economic Development Board and its legal representatives and assigns, and those acting with its authority and permission, the absolute right and permission to take, copyright and use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part or composite in character or form, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any end all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I, or the minor may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

**UNIVERSITY OF HAWAII INSTITUTE FOR ASTRONOMY AND MAUI SPACE SURVEILLANCE COMPLEX TOUR - RELEASE AND WAIVER OF LIABILITY**

I hereby agree on behalf of my child (the term "child" refers to any child, stepchild, adopted child, or child or minor person you have guardianship over) to hold harmless, and to release and forever discharge the University of Hawai`i – Institute for Astronomy, U.S. Government, the Department of Defense, the United States Air Force, and all of its officers, agents, employees, successors and assigns acting officially or otherwise, from any and all claims, actions, or causes of action, on account of any loss or damage to property, personal injury or death, whenever they may arise, including aggravation of any preexisting condition, suffered by my child, whatever the cause, including those damages, injuries, or deaths resulting from any defect or any error, act, or omission of any Air Force agent, officer, employee, volunteer, or third persons.

This hold harmless agreement covers, but is not limited to, any property damage, personal injury, or death occurring during or as a result of my child's participation in the University of Hawai`i – Institute for Astronomy and Maui Space Surveillance Complex Tour.

I also agree that I and all those I am binding to the terms of this agreement will fully indemnify the University of Hawai`i – Institute for Astronomy and the United States Air Force for any property damage, personal injury, or death which my child may cause through negligence, willful misconduct or deliberate unauthorized use of any equipment or property belonging to the United States government including all court costs and reasonable attorney's fees. Further, I agree that I and all those I am binding to the terms of this agreement will fully indemnify the University of Hawai`i – Institute for Astronomy and the United States Air Force for any and all costs associated with any medical treatment and/or emergency response that my child may need as a result of my child's personal injury or death associated with my child's participation in the tour of the University of Hawai`i – Institute for Astronomy and the Maui Space Surveillance Complex. The right of indemnification shall inure to the benefit of all successors in interest and assigns of the University of Hawai`i and the U.S. Government and the corresponding burden shall rest with any successors or assigns of mine and all those parties subject to this agreement, whether now known to me or as yet unascertained.

I am entering into this agreement knowingly, voluntarily, and without duress or inducement. I am at least 18 years of age, and I am competent to bind myself and my child and everyone subject to this agreement to its terms, and I suffer from no legal disability.

\_\_\_\_\_  
Print or type Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

### PARENT AUTHORIZATION FOR STUDENT TRAVEL

This completed form and payment (if applicable) are due on or before: \_\_\_\_\_ to: \_\_\_\_\_.

Dear Parents:

Permission is requested for your child to participate in the following activity: \_\_\_\_\_ School: \_\_\_\_\_

Activity: \_\_\_\_\_ Teacher/Advisor: \_\_\_\_\_

Place: \_\_\_\_\_ Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Transportation (\$ \_\_\_\_\_)

Entrance Fee (\$ \_\_\_\_\_)

TOTAL COST (\$ \_\_\_\_\_)

Mode of Transportation: \_\_\_\_\_

#### PARENTAL PERMISSION (To be completed by Parent/Guardian)

Name of Student: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Check as appropriate: \_\_\_\_\_  
\_\_\_\_\_ My son/daughter has permission to attend the above activity. Emergency Phone #: \_\_\_\_\_  
\_\_\_\_\_ My son/daughter does NOT have permission to attend the above activity. Emergency Phone #: \_\_\_\_\_

#### MEDICAL INSURANCE COVERAGE

\_\_\_\_\_ My child has medical coverage with \_\_\_\_\_  
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)

\_\_\_\_\_ My child is NOT covered by any medical insurance plan.  
Note: If a child is not covered by medical insurance, special arrangements must be made through the school office to purchase trip insurance. Please contact the sponsoring teacher of the field trip/activity.

#### PRIVATE VEHICLE USAGE

If private vehicles are used, permission is granted as follows (Initial ALL appropriate statements):  
\_\_\_\_\_ My son/daughter may drive to the activity alone (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)  
\_\_\_\_\_ My son/daughter may transport other students to the activity (Complete Form BO-4).  
\_\_\_\_\_ My son/daughter may ride in a vehicle driven by another student to the activity.  
\_\_\_\_\_ My son/daughter may ride in a vehicle driven by an adult to the activity.

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

\_\_\_\_\_  
Print or type Parent's/Guardian's Name Parent's/Guardian's Signature Date

Specify any special medical or other such instructions you would want considered:

\*\*\*\*\*  
**(TO BE COMPLETED BY SUBJECT TEACHERS, IF APPLICABLE)**

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/she understands that all class work shall be made up at YOUR convenience. If you have any reservations, please state them.

HR: \_\_\_\_\_ Period 4: \_\_\_\_\_  
Period 1: \_\_\_\_\_ Period 5: \_\_\_\_\_  
Period 2: \_\_\_\_\_ Period 6: \_\_\_\_\_  
Period 3: \_\_\_\_\_ Period 7: \_\_\_\_\_