

SPACE CENTER HOUSTON DISTANCE LEARNING PROGRAM REGISTRATION FORM

Complete and return to:
Space Center Houston
Attn: Distance Learning
1601 NASA Parkway
Houston, TX 77058

Fax: (281) 283-7724
Email: distancelearning@spacecenter.org
Phone: (281) 283-7773

Name of School _____ District _____

Address _____ City _____ State _____ Zip Code _____

School Phone Number _____ Alternate Number _____ School Fax Number _____

Coordinating Teacher _____ Grade Level/Class Size _____ Teacher Email _____

Technology Coordinator _____ Phone Number _____ Coordinator Email _____

Please select from the following modules:

- What to Wear When You're Out There (K-2)
- The Rocket's Red Glare (K-2)
- To Infinity and Beyond – Seeing the Universe and More (3-5)
- Journey Through the Solar System (3-5)
- Under Pressure – To Pop or Not to Pop (3-5)
- Floating Food and Puffy Faces – Is Living in Space Just Like Life on Earth (3-5)
- Floating Food and Puffy Faces (6-8 version)
- Pull Yourself into Some Space (6-8)
- More than Science – The Impact of Rocketry (6-8)
- More than Science (9-12 version)
- Seeing the World in a Whole New Way (7-12)
- Careers in the Aerospace Industry (6-12)
- History of Manned Space Flight (3-12)

Please tell us the date and time you would like to take part in our videoconference program. A distance learning representative will contact you to confirm availability. An additional charge will be added to events that take place before or after 7:00 AM – 5:00 PM CST. Please list all times Central Standard Time.

1st Choice Program Date _____ Time (1st Choice) _____ Time (2nd Choice) _____

2nd Choice Program Date _____ Time (1st Choice) _____ Time (2nd Choice) _____

Payment is due at least one week prior to the event. Space Center Houston accepts school checks, money orders or credit cards. We do not accept purchase orders for distance learning events. If you would like to take care of your payment with this registration form, please fill out the information below.

Method of Payment:

Check Number: _____ (Please make payable to Space Center Houston)

Visa Mastercard Discover American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature: _____