

Summer of Innovation



Registration

Event Information

* Event Information

Event Title	<input type="text"/>
Event Address	<input type="text"/>
Event City	<input type="text"/>
Event State	<input type="text" value="Choose One"/> <input type="button" value="v"/>
Event Zip Code	<input type="text"/>
Event Start Date	<input type="text"/>
Event Start Time	<input type="text"/>
Event End Date	<input type="text"/>
Event End Time	<input type="text"/>
Expected Attendance	<input type="text"/>

* Event Description

* Grade Levels Served

- Grade Levels K-4
 Grade Levels 5-8
 Grade Levels 9-12

* Open to Public

* Privacy

Is it okay to list this information publically on the NASA website? If you select no, NASA will only use information about your event internally.

Permission to publicize?

Appendix D: Family Registration



Registration

Contact Information

Thank you for your interest in working with the agency to inspire the nation with the Summer of Innovation. This movement would not be possible without the participation of a variety of organizations and groups dedicated to engaging the students and educators in their communities nationwide.

If you would like to participate in the Summer of Innovation project, please register by filling out the information below.

Soon you will be able to access Summer of Innovation certificates, share your Summer of Innovation experience, and report your achievements at the conclusion of your project.

*** Family Contact Information (Required)**

Family Name	<input type="text"/>
Location City	<input type="text"/>
Location State	<input type="text" value="Choose One"/> <input type="button" value="v"/>
Location Zip	<input type="text"/>
Contact Email	<input type="text"/>

Appendix E: Special Features (Certificate Generation and Share Your Story)

Submit Activities to generate Certificates

Activity Title :

Participants (Complete All That Apply):

Number of Students in Grades K-4

Number of Students in Grades 5-8

Number of Students in Grades 9-12

Number of Educators

Number of Adult Family Members

Number of Other Participants

Total Number of Participants

Certificate Generation for: <Activities Title>

First Name:


Last Name:

Email:
(ex: email@domain.com)

State:

Country or Region:

Please Enter the text from the box:



(The above Image Verification text contains only upper case letters without any spaces between them)

Submit Stories

Story Title:

Picture Upload:

Browse

Picture Caption:

Story:

Note: Some notes such as max number of chars.....

Submit