Student Name: __________________________________________________________
(As you want it to appear on awards or certificates)
Are you a U.S. citizen or a permanent resident? Yes [ ] No [ ] Male [ ] Female [ ]
Home Address: _______________________________________________________
Home phone: ______________________ E-mail: _____________________________
Parent or legal Guardian _____________________________________________
School grade: 9 10 11 12 (circle one) Your present age: _______
School Name: _______________________________________________________
Address of School: ___________________________________________________
School phone: ______________________ School fax: _______________________  
Sponsoring Teacher: ______________________ Teacher E-mail: ________________
Mentor Name/Agency/Lab: ____________________________________________
Project Title: _______________________________________________________

**EQUIPMENT NEEDS:**
A computer and projector will be provided. For PowerPoint presentations, bring your presentation on a CD or flash drive and bring BACK-UPS on paper.

**PLEASE NOTE:** BY PRESENTING YOUR RESEARCH AT THE CHICAGO REGIONAL JSHS, YOU ARE MAKING A COMMITMENT TO ATTEND THE NATIONAL JSHS (APRIL 26-30, 2017, SAN DIEGO, CA.) IF YOU ARE ONE OF THE TOP THREE FINISHERS, YOUR SIGNATURE ON THE LINE BELOW INDICATES THAT YOU HAVE READ THIS STATEMENT AND ACCEPT ITS TERMS. FAILURE TO SIGN WILL DISQUALIFY YOU FROM CONSIDERATION.

Signature __________________________________________________________________

Return this registration form with your abstract and email to lhardison@luc.edu and 2 hard copies of your final paper by February 10, 2017 to:

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JSHS/Classical Studies Dept.  
Loyola University Chicago  
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