



Middle School Tech Careers: I Am The Future!

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

May 27 – 28, 2009
REGISTER by Monday, April 27, 2009
***Space is limited!**

Must be in the 7th or 8th grade to participate.

*Participant selection is NOT based on a first come first serve basis.
Call for details at (808) 875-2341.

- Participate in Maui's 3rd "Middle School Tech Careers: I Am The Future" event
- Visit the observatories atop Haleakala and learn about astronomy and space from a Hawaiian cultural perspective
- Explore a future in technology and science careers
- Tour one of the fastest supercomputers in the world

Day 1 – Visit Technology-Based Companies Maui Research & Technology Park



Day 2 – Tour the Observatories atop Haleakala

University of Hawaii-Institute for Astronomy
Maui Space Surveillance Complex

Sponsored by Maui Economic Development Board's Women in Technology Project.

Funded in part by the Air Force Research Laboratory and the U.S. Department of Agriculture.

In collaboration with the University of Hawaii – Institute for Astronomy, U.S. Air Force, and Maui Research & Technology Park tenants.

For more information or application form, call (808) 875-2332 or visit: www.womenintech.com



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Wednesday, May 27 & Thursday, May 28, 2009

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 **Friday, May 8:**
 - Student Registration Form
 - Tech Careers Parent Authorization Form
 - DOE Parent Authorization Form for Student Travel (last page)
*** IMPORTANT – PLEASE INITIAL PRIVATE VEHICLE USAGE SECTION**
 - 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)

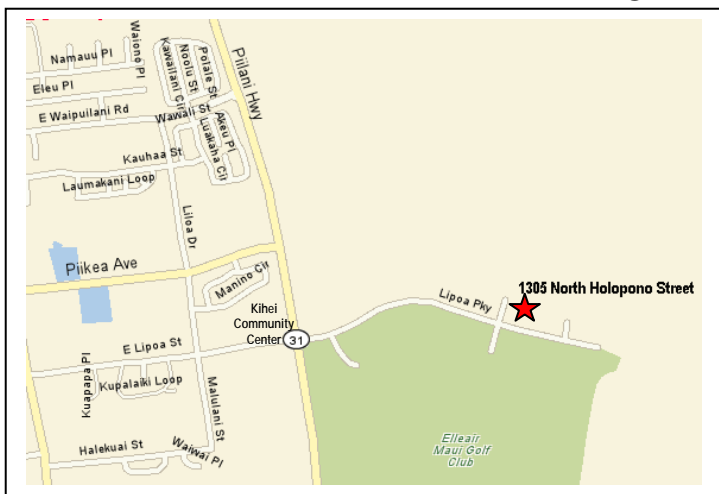
**For more information please visit www.hightechmaui.com or contact
Lesley Erin at (808) 875-2341 or email erin@medb.org**



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PARTICIPATION GUIDELINES



SCHEDULE:

Wednesday, May 27, 2009

8:00 a.m. to 2:00 p.m.

Maui Research & Technology Park

1305 North Holocono Street, Suite 1, Kihei (map on right)

Thursday, May 28, 2009

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 Friday, May 8. Students must submit all required forms and payment to: MEDB, Inc., Attn: Tech Careers, 1305 North Holocono Street, Suite 1, Kihei, 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:

Wednesday, May 27, 2009

Buses will take students to the Maui Research & Technology Park on Wednesday, May 27. Parents have the option to provide their own transportation for their child to and from the event in Kihei (see map above). Please select transportation accommodations on Parent Authorization Form (page 5).

Thursday, May 28, 2009

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.**

- 7:20 a.m. Departure from Lokelani Intermediate School, Bus Stop
- 7:30 a.m. Departure from Lāhaina Intermediate School, Bus Stop
- 7:30 a.m. Departure from Kihei STEM Charter School (on Lipoa Parkway)
- 8:00 a.m. Departure from War Memorial Football Stadium (Central location)
- 8:15 a.m. Departure from Maui Beach Hotel for Hāna, Lāna`i and Moloka`i students
- 8:45 a.m. Departure from Kalama Intermediate School, Bus Stop
- 2:45 p.m. Arrive at Kalama Intermediate School, Bus Stop
- 3:15 p.m. Arrive at Arrive at War Memorial Football Stadium (Central location)
- 3:50 p.m. Arrive at Kihei STEM Charter School (on Lipoa Parkway)
- 4:00 p.m. Arrive at Lokelani Intermediate School
- 4:00 p.m. Arrive at Lāhaina Intermediate School School Parking Lot
- 4:10 p.m. Arrive at Lāhaina harbor for Lāna`i and Moloka`i students only

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 Monday, April 27, 2009. 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 a confirmation letter with event details will be mailed to you by Monday, May 18, 2008.

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 7 8

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Email Address: _____

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.

	Least important			Most Important	
	1	2	3	4	5
a.) See how the knowledge I am gaining in school is used on the job	1	2	3	4	5
b.) Understand what skills I need to get a good job	1	2	3	4	5
c.) Find out more about the workplace I am visiting	1	2	3	4	5
d.) See how technology is used on the job	1	2	3	4	5
e.) Explore some new career ideas for myself	1	2	3	4	5
f.) Learn how much education I will need to get the job I want	1	2	3	4	5
g.) To understand how learning and earning are connected	1	2	3	4	5



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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:

Adult T-SHIRT SIZE (PRE-SHRUNK) []S []M []L []XL []XXL

Lunch will be provided on BOTH days
To better accommodate you; please list special dietary needs or food allergies:

May 27, 2009 (Wednesday)
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, Kihei
Buses will take students to the Maui Research & Technology Park on Wednesday, May 27. Parents have the option to provide their own transportation for their child to and from the event in Kihei (see next page).
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

May 28, 2009 (Thursday)
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 (see next page).

[Please Complete and Print Clearly]

STUDENT NAME:

\$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:

CVV # (3 DIGIT # IN BACK OF CREDIT CARD): EXPERATION:

BY APRIL 27: 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, Kihei, HI 96753. Call (808) 875-2341 or visit www.hightechmaui.com for more information.

YOU MUST COMPLETE ALL FORMS TO PARTICIPATE!



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PARENT AUTHORIZATION FORM

COMPLETE AND RETURN BY MONDAY APRIL 27, 2009

Mail with your \$10.00 payment and ALL required forms to: MEDB, Inc., 1305 North Holopono Street, Suite 1, Kihei, 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 (MRTP), Kihei and the Maui Space Surveillance Complex, Haleakalā Summit.

Buses will take students to MRTP on Wednesday, May 27. Parents have the option to provide their own transportation for their child to and from the event in Kihei. Please indicate transportation that you will use (please check only one box):
Personal Vehicle (MRTP)
Lāhaina Intermediate
Maui Beach Hotel (Moloka'i, Lāna'i, Hāna students)
War Memorial Football Stadium (Central and Upcountry)

Buses will take participants to Haleakalā Summit on Thursday, May 28. Please indicate which bus location you will use (please check only one box):
Kihei Charter
Kalama
Lokelani
Lāhaina Inter.
Maui Beach Hotel (Moloka'i, Lāna'i, Hāna)
War Memorial Football Stadium (Central)

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 Middle School Tech Careers on May 27 and 28, 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 I-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

PLEASE INITIAL PRIVATE VEHICLE USAGE SECTION

STATE OF HAWAII
DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel:
Original - Chaperone; 1 copy each to principal & parent

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 (\$ _____)
 Mode of Transportation: _____ TOTAL COST (\$ _____)

PARENTAL PERMISSION (To be completed by Parent/Guardian)

Name of Student: _____ Home Phone #: _____ Relationship _____

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

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: _____