

**NASA Johnson Space Center
Office of Education
Space Day Registration Form**

Please note the time you begin. Upon completion, we will ask you to let us how much time it took you to complete this form.

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Educational Organization Name: _____

Educational Organization Street: _____

Educational Organization City: _____

Educational Organization State: _____

Educational Organization Zip: _____

Educational Point of Contact (POC) Name: _____

Educational POC Work Email: _____

Educational POC Work Phone Number: _____

Educational POC Work Fax Number: _____

Educational POC Work Cell Number: _____

Grade level of student attendees: _____

Number of Student Attendees: _____

Number of Chaperones: _____

Anticipated Arrival Time _____

I'm interested in receiving other NASA opportunity announcements. ____Yes ____No

Upon submission of this form, you will receive notification it has been received and at a later date will be notified of your acceptance to participate.

Please complete the following questions.

Please let us know how long it took you to complete this form. :_____min ____hours

Our goal is to provide a registration form that is easy to understand. On a scale of 1 – 5 with 5 being the highest, please indicate how easy it was to understand and complete the Space Day registration form: 1 2 3 4 5

Do you have any suggestions to make this registration form easier to understand/ complete? If yes, please let us know: _____ (500 character limit)