

**MIT-Harvard Center for Ultracold Atoms**  
**TOPS Middle School Physics Workshop**  
**JULY 11, 2016 – July 15, 2016**

**Participant Application**

Full Name: -----

Gender: -----

School: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents/Guardian Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Daytime Contact Phone Number for Parent or Guardian: \_\_\_\_\_

Your Current Science Teacher's Name: \_\_\_\_\_

Why would you like to attend the TOPS Physics Workshop? (A two to three sentence answer is fine.)

Application Deadline: February 1, 2016

Return by mail: Center for UltraCold Atoms, MIT Room 26-239, Cambridge, MA 02139

Email: [pzsack@mit.edu](mailto:pzsack@mit.edu)

Fax: 617-253-4876