



# 17th Annual Southeast Asian Youth Education and Career Summit

**“Take Charge! It Begins With You!”**

## Registration Form

Personal Information (Please print):

|   |  |             |           |
|---|--|-------------|-----------|
| Name:   |  |             |           |
| Address:  |  |             |           |
| City:   | State:   | Zip code:   |           |
| Email:  |  |             | DOB:      |
| Home phone:   |  | Cell phone: |           |
| High school:  |  |             |           |
| Grade Level (please circle one):                      | 9th  | 10th        | 11th 12th |
| Years in Milwaukee:                                   | Have you attended the conference before (circle one)? Yes No |             |           |
| Are you planning on attending college (circle one)?   |  | Yes         | No        |
| If yes, what college or university?                   |  |             |           |
| What are your educational and career goals/interests? |  |             |           |
| Counselor/Advisor's name:                             |  |             |           |

Important note: Please return this registration form to your Guidance Counselor for approval and processing.