

PROGRAM LIAISON & SCHOOL REGISTRATION

Program Liaison Information

Program Liaison _____
 First Name _____ Last Name _____

E-mail _____ **Phone** _____

Company _____
 Company, Organization, etc. (ex. Caltrans District X)

Address _____
 Street Address _____
 Street Address Line 2 _____
 City _____ State _____ Zip Code _____

Lead Mentor

 First Name _____ Last Name _____
 (person conducting on-site meetings with the participants)

E-mail _____
Phone _____

School Information

School _____

Address _____
 Street Address _____
 Street Address Line 2 _____
 City _____ State _____ Zip Code _____

Grade Level _____

Teacher _____
 First Name _____ Last Name _____

E-mail _____
Phone _____

For more information about the program, visit the MTI website's Garrett Morgan page at <https://transweb.sjsu.edu/education/garrett-morgan-program>. The site includes samples of the workbook and entry forms, and videos from previous competitions.

Please email the completed forms to **Irma Garcia**, Communications and Workforce Development Coordinator at MTI (irma.garcia@sjsu.edu).