

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, plus transcripts and videos from previous competitions.

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