1. Student Contact Information -- PLEASE TYPE OR PRINT

Name _______________________________________________________________________________________________________________________________________________________________________________________
Institution _______________________________________________________________________________________________________________________________________________________________________________
Mailing Address ______________________________________________________________________________________________________________________________________________________________________
City __________________________________________________________________________________________State ___________Zip _____________________________________________________________________
Country ____________________________________________________________________________________E-mail _____________________________________________________________________________________
Phone ______________________________________________________________________________________Fax _________________________________________________________________________________________
☐ Check here if you have special needs due to a disability; AAAS will contact you prior to the meeting.

2. Current Year of Education

☐ Undergraduate Sophomore
☐ Undergraduate Junior
☐ Undergraduate Senior
☐ Graduate Student: Year _____________________________________________________________

☐ Major/Area of Study/Field of Interest: ____________________________________________________________

3. Volunteer

I would like to volunteer for the following amount of time:
☐ Eight Hours
  • FREE meeting registration
  • FREE poster session registration

☐ Sixteen Hours
  • FREE meeting registration
  • FREE poster session registration
  • FREE One-year subscription to Science magazine

If possible I would prefer to work on the following days (check all that apply):
☐ Friday ☐ Saturday ☐ Sunday ☐ Monday

There is no guarantee of availability for any one shift or day. We will do our best to accommodate you—thank you for your understanding. Your actual assigned shift(s) will be confirmed prior to the meeting. For 16 hours, please be available for more than 2 days.

4. Faculty Advisor Information

Advisor’s Name ________________________________________________________________________________________________________________________________________________________________________
Department _____________________________________________________________E-mail Address _______________________________________________________________________

5. Other

A. I currently receive Science magazine ☐ Yes ☐ No If yes, then expiration date ____________________________
B. I am a AAAS Member ☐ Yes ☐ No If yes, then member number ____________________________
C. Are you doing a poster? ☐ Yes ☐ No If not, consider doing one.
For details: http://www.aaas.org/meetings/Annual_Meeting/02_PE/Posters.shtml
D. Please tell us how you learned about becoming a session aide: ____________________________________________________________________________________________________________________________________________________________
E. Have you been a session aide before? ☐ Yes ☐ No
Student Session Aide

This form is to be completed by the student's faculty advisor or professor.

To the best of my knowledge, ____________________________ is a sophomore, junior, senior or graduate student currently enrolled at this educational institution. He/she has proven to be a responsible individual and should be able to fulfill the requirements of a Session Aide at the 2007 AAAS Annual Meeting.

Session Aide duties include:
- Attending the Session Aide orientation on 15 February 2007 from 5:00pm–6:30pm.
- Monitoring symposia-including counting attendance and evaluating audience interest, symposia content and speaker performance.
- Assisting with the operation of lights and audio-visual equipment (AAAS will train Session Aides at orientation).
- Serving as a liaison between session speakers and the AAAS Headquarters staff in the event of an equipment problem.
- Assisting AAAS staff in the Headquarters Office by answering telephones and general inquiries from attendees.

Signature  ______________  Date ______________

Name (please type or print)  ____________________________  E-mail Address  ____________________________

Department  ____________________________

Please return completed form by either fax or mail:
AAAS Student Session Aide Office
c/o Melanie Hunter
2205 West St. Charles Avenue
Phoenix, AZ 85041-5418
Fax (202)289-4021
E-mail melanie.hunter@yahoo.com