To ensure that we provide you with the best possible experience during **Cubes in Space - RocketFest 2017**, please complete this survey. We may need to deliver items to your hotel or contact you with information and updates during that week. Thank you!

Contact Name: _____ Hotel Name: _____

Mobile Number: _____ Arrival Date: _____ Arrival Time (estimated): _____

Email Address: _____ Departure Date: _____ Departure Time (estimated): _____

Please provide the following information for EACH person that is attending any of the RocketFest activities and events. Indicate "Yes" or "No" for all fields other than "Name."

Cubes in Space™
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		Cubes in Space Participants			Guests			Ordering "Launch Box"?	Attending Cookout?	Indicate any dietary restrictions or food allergies.
				Is student presenting at the Expo?			Attending Expo?			
Last Name:	**First Name:**	**Student**	**Educator**	**Yes No**	**Child**	**Adult**	**Yes No**	**Yes No**	**Yes No**	
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None
		○	○	○ ○	○	○	○ ○	○ ○	○ ○	None