



LISEF Fair 2019 Eastern Suffolk BOCES PARTICIPATION FORM

School Name _____

School Address _____

School/District Contact Person _____

School/District Contact Person Email _____

School Telephone _____

School District Name _____

Fee @ \$241/student for LISEF

1. LISEF: Number of Registered **Students** @ \$241/student = _____
2. LISEF Commitment Agreement Satisfaction:
 - a. 2019 FINAL Project Allocation for your school (**Blue Column**) posted by October 19, 2018) _____
 - b. Number of 2019 Registered **Projects** _____
 - c. If (b) is less than (a), then $a - b =$ _____ @ \$241/project = \$ _____

Total Fee (sum of items 1 and 2c) = \$ _____

Superintendent Signature _____ Date _____

Eastern Suffolk BOCES will bill the school district for the total fee which is inclusive of their administration costs. The total LISEF Fees will be eligible for BOCES aid, at the district aid ratio for ESBOCES Co-Ser 435.160.

The following items must be ***received*** by **January 18, 2019:**

- Two copies of this form
- One copy of the **ESBOCES Invoice with names included**
- One copy of the 2019 FINAL School Allocation page with your school's name listed.

**SEND TO: L. I. Science and Engineering Fair, Inc.
998 Old Country Road, STE C PMB 164
Plainview, NY 11803**

School Districts that do not submit checks or ESBOCES Forms by January 18, 2019 will be ineligible for LISEF 2019.

School Districts that do not belong to the Eastern Suffolk BOCES District must file a Cross Contract with their local BOCES district. To obtain information about the Cross Contract form and/or copies of the Cross Contract form, contact your local BOCES district. One copy of the Cross Contract Form must be mailed directly to your local BOCES district. **Do not mail cross contracts to LISEF, Inc.** If Eastern Suffolk BOCES does not receive the Cross Contract in a timely manner, you must pay directly.