



## Intent to Participate Form

*Please print or type requested information and return this form before **February 9, 2018***

School Contact/  
Advisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone (optional): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

*Preferred mailing address if different from school address:* \_\_\_\_\_

School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ School Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Is the e-mail address written above the best way to reach you with important information? (Check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No *If no, please suggest an alternative:* \_\_\_\_\_

If we need to call, what are the best times to reach you? \_\_\_\_\_

Which categories does your school intend to enter? (Please indicate the number of entries from each category)

\_\_\_\_\_ Alternative Energy Sources \_\_\_\_\_ Medicine/ Healthcare

\_\_\_\_\_ Environment \_\_\_\_\_ New Materials

\_\_\_\_\_ Protein and Protein Engineering

To aid our planning, please indicate the total number of students and total number of teams:

\_\_\_\_\_ Total number of teams \_\_\_\_\_ Total number of students

***By submitting this form, I am committing my school/students to entering the Chemagination contest.***

***I will: notify Dr. Hyslop or Dr. Deora immediately if there is any change in the status of our participation or our entries.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send or fax to:**

Dr. Alison Hyslop, St. John's University, Chemistry Department,  
8000 Utopia Parkway, Jamaica, NY 11439 Fax: 718-990-1876

Questions? Call Dr. Alison Hyslop at 718-990-5218 or E-mail: [hyslopa@stjohns.edu](mailto:hyslopa@stjohns.edu)  
Dr. Nipa Deora at 212-220-8000 x7987 or E-mail: [ndeora@bmcc.cuny.edu](mailto:ndeora@bmcc.cuny.edu)