



Intent to Participate Form

*Please print or type requested information and return this form before **February 9, 2019***

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. Aaron Muth, St. John's University, Department of Pharmaceutical Sciences,
8000 Utopia Parkway, Jamaica, NY 11439 Fax: 718-990-1877 or E-mail: mutha@stjohns.edu

Questions? Call Dr. Aaron Muth at 718-990-6678 or E-mail: mutha@stjohns.edu
Dr. Sabesan Yoganathan at 718-990-5215 or E-mail: yoganats@stjohns.edu