



## Intent to Participate Form

*Please print or type requested information and return this form before **February 7, 2020***

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. Muth or Dr. Yoganathan 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](mailto:mutha@stjohns.edu)

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