

GENETICS SPEAKER REQUEST FORM



Teacher's Name: _____ Phone number: _____ (work)

School: _____ (home)

Address: _____

What date(s) do you want the presentation(s)? 1st choice _____ 2nd choice _____

What time(s) do you want the presentation(s)? 1st choice _____ 2nd choice _____

How long a presentation do you want? _____

What subject area do you primarily teach? _____

The students will be from which grade(s)? _____

Which subject area do you want covered? You may select more than one area. We will discuss the topics when we contact you.

- | | | | |
|-------------------------------|--------------------------|------------------------------|--------------------------|
| Basic genetic principles | <input type="checkbox"/> | Careers in Genetics | <input type="checkbox"/> |
| Genetics of common disorders | <input type="checkbox"/> | Government Regulation | <input type="checkbox"/> |
| Genetic Screening and Testing | <input type="checkbox"/> | Agricultural Genetics | <input type="checkbox"/> |
| Genetic Discrimination | <input type="checkbox"/> | Other (please specify) _____ | |
| Ethical and Social Issues | <input type="checkbox"/> | _____ | |

Do you have any of the following available?

- LCD Projector
- Projection Screen
- Parking for the Speaker

PLEASE FAX COMPLETED FORM TO 733-9068 OR MAIL TO:

741 Sunset Avenue, Honolulu, HI 96816

THANK YOU

If you have questions, please call 733-9055