

2009 AVERY A. ASHDOWN HIGH SCHOOL CHEMISTRY EXAMINATION CONTEST

TEACHER REGISTRATION FORM

Name of School _____ Telephone (____) _____

Fax No. (____) _____

Address of School _____

Name of Teacher to whom all mailings for the school will be sent (please name ONLY ONE teacher).

_____ **E-Mail:** _____

ASHDOWN EXAMINATION PROCTORS

Please list below any teachers from your school who would be willing to help proctor the examination.

<u>Name</u>	<u>Home Phone Number</u>	<u>e-mail</u>

DIRECTIONS

- **Please complete the Student Registration Form on the reverse side of this sheet.**
PLEASE PRINT ALL INFORMATION LEGIBLY.
- Enclose a check in an amount equal to \$5 per student (maximum \$25) made payable to NESACS-Ashdown
- Mail this form in time to be **RECEIVED** by **MARCH 31, 2009, WITH THE COMPLETED STUDENT REGISTRATION FORM** and total amount due to
Marilou Cashman
Administrative Secretary
23 Cottage Street
Natick, MA 01760

Check here if you are not participating this year but would like to be notified of future examinations.

Check here if you wish to be dropped from the mailing list.

This form may also be downloaded from <http://www.nesacs.org>