21st Annual SACP/SSP Faraday Lecture

FARADAY LECTURE TICKET REQUEST FORM
(Post-marked by Friday, October 3, 2008)

TEACHER NAME _____

SCHOOL NAME _____

Circle Student Grade 7 8 9 10 11 12

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ SCHOOL PHONE _____

E-MAIL ADDRESS _____

Circle Lecture Day TUESDAY WEDNESDAY EITHER
(100 limit Middle School) (36 limit High School)
(50 limit High School)

NUMBER OF TICKETS (including chaperones) _____

Extra tickets (if available)_____

_____ Check here if attending the Tuesday, November 18, 2008, evening presentation and indicate the number attending. No tickets are required. Number attending Tues. evening _____

Notes or comments if needed:
_____

Return to Doris Zimmerman, 1390 Waverly Dr. NW, Warren, OH 44483-1718.