INNOVATORS IN THE SCHOOLS

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REQUEST FOR AN INNOVATOR

Contact Information

School Name: _____

Teacher's Name: _____

School Address: _____

City/Province: _____

Postal Code: _____

School Phone: _____

Home Phone: _____

Fax Number: _____

E-mail Address: _____

Best time to contact you: _____

Class Information

Grades: _____

Number of Students: _____

Number of Classes: _____

Presentation Topics: _____

- ☐ Any Topic
- ☐ Animals
- ☐ Biotechnology
- ☐ Building Design
- ☐ Careers in Science
- ☐ Chemistry
- ☐ Computers
- ☐ Earth & Environment
- ☐ Electronics
- ☐ Engineering
- ☐ Health Sciences
- ☐ Mathematics
- ☐ Oceans
- ☐ Physics
- ☐ Plants
- ☐ Space
- ☐ Technology
- ☐ Women in Science
- ☐ Other (please specify)

Will you accept a local Innovator in another topic: ☐ YES ☐ NO

Dates for suitable presentation: _____

(The actual date of the visit will be arranged with the Innovator.)

- ☐ September
- ☐ October
- ☐ November
- ☐ December
- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June

Comments or Questions: