HIGH SCHOOL QUESTIONNAIRE

RETURN BY MARCH 9, 2018

1. Date:		_			
2. Name of Teacher	or Counselor:				
3. Telephone Numb	er, SCHOOL:	HOM	HOME:		
4. Email Address, SCHOOL:		HOM	HOME:		
5. What is best time	to contact you at school	?		_	
6. Name of School	District:				
7. County		_			
8. Name of High Sc	hool:				
9. High School Add	lress:				
10. Please give the	name and phone number	of another contact at the sc	hool in case y	ou are unavailable:	
		ers in chemical engineering ons offering career guidance			
		hat is the format?			
13. If you don't hold	l a career day, could a spe	eaker visit one of your adva	nced science of	or chemistry classes?	
	Yes	No			
If yes, please list tea	acher(s) of these classes v	vith corresponding phone nu	ımber and ema	ail address:	
14. Are you or any	of your fellow teachers/	counselors interested in atte	ending one of	our section meetings and	
tours?	Yes	No			
If yes, please list the	eir names with correspond	ding phone number and ema	il address belo	ow:	

Return this questionnaire by mail or email a scanned copy to:

Charles S. Merris Jr.
328 North Homestead Drive
Landisville, PA 17538
cmerris@msn.com

QUESTIONS: Contact by email or phone: (717)951-7906