

AVERY A. ASHDOWN HIGH SCHOOL CHEMISTRY EXAMINATION



TEACHER REGISTRATION FORM

Name of School

Telephone: _____

Address of School

Fax No.: _____

Name of Teacher to whom ALL communications will be sent:

Email Address: _____

Phone: _____

Please list below any teachers willing and available to Proctor:

Name:

Phone:

Email address: _____

Name:

Phone:

Email address: _____

Instructions:

- ❖ Please visit our website at www.nesacs.org to access the fillable pdf for all information.
- ❖ Please submit both the Student and Teacher Registration forms via email to:
secretary@nesacs.org
- ❖ Fee of \$5.00 per student (\$25.00 max) can be paid directly to PayPal at:
<http://acssymposium.com/paypal-ashdown.html>

OR if you must send a check, made out to NESACS by March 22, 2016 please, to:

NESACS

Anna Singer, Administrative Coordinator

12 Corcoran Road

Burlington, MA 01803

_____ Please check here if you wish to be removed from our mailing list.