Visit Registration Form

Please print this form and FAX (301-795-7055) or mail back to:
J. Craig Venter Institute – Education Group
9704 Medical Center Drive, Rockville, MD 20850

Please type or print neatly

Please provide the group/organization name & contact information so that we may confirm your visit

Name _____
First *Last*

Title _____

Organization _____

Mailing Address _____
Street

_____
City *State* *Zip Code*

Telephone _____
Day *Evening*

FAX _____

Email _____

Group information

*The Venter Institute welcomes groups of up to 30 individuals for a tour and a presentation about genomics & current research trends. Please have each visitor read & sign a **Visit Release Form** to be turned into the group's host before the visit.*

Name of the course/club/organization: _____

Academic level: _____

Number of participants: _____ Number of chaperones _____

Do you have any special needs or requests? _____

_____

Date & time preference

*Please provide three choices for your visit. The Venter Institute welcomes groups of up to 30 individuals on **Wednesday** or **Thursday** beginning as early as 8:30AM and ending at 12:00PM. Plan on two hours for your visit.*

	Date	Time
First preference		
Second preference		
Third preference		