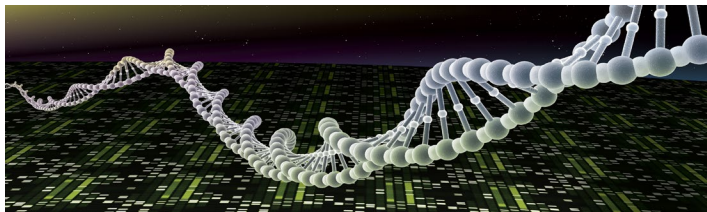


**Greenwood Genetic Center**  
**Genetic Education Center**  
**Middle School Visit Request Form**



**PLEASE COMPLETE THIS REQUEST FOR THE ENTIRE SCHOOL YEAR**

Group size is limited to **24** students

**Teacher Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Planning \_\_\_\_\_

**Group Information**

School/District \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

School phone \_\_\_\_\_

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**Date Request:** The Genetic Education Center is available for a **Tuesday, Wednesday, Thursday or Friday** visit

First date preference \_\_\_\_\_ Second date preference \_\_\_\_\_ Third date preference \_\_\_\_\_

Class level: \_\_\_ 7<sup>th</sup> grade \_\_\_ 8<sup>th</sup> grade

Number of students : \_\_\_\_\_

Will any student require special assistance? Wheelchair accommodation \_\_\_ Yes \_\_\_ No

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**Requested module: Please refer to *Student Laboratory Activities* list to help select most appropriate activity for class level and available time.**

\_\_\_ Seeing the Visible Spectrum

\_\_\_ Chromosomes and Karyotypes

\_\_\_ Gel Electrophoresis with Dyes

\_\_\_ DNA Isolation using Plants

\_\_\_ Prion Diseases: Mad Cow Disease

\_\_\_ Allergies in a Nutshell

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**Please return this form via:**

• **FAX:** 864-388-1062

• **Mail:** Greenwood Genetic Center-Education Division  
106 Gregor Mendel Circle  
Greenwood, SC 29646

E-mail: [LMT@ggc.org](mailto:LMT@ggc.org)

Phone: 864-943-4170