

Date submitted: ____/____/____

Request for a Presentation by Subaru Telescope Staff

Name: _____

Affiliation or Group: _____

Contact Method (Phone, FAX, E-mail etc.): _____

Contact Method in Hawai'i (Phone, FAX, E-mail etc.): (if different from above) _____

1. The objective of your request:

2. Check one that you apply:

- Tour only at the Hilo Base Facility
- Lecture only at the Hilo Base Facility
- Lecture and Tour at the Hilo base Facility
- Lecture in the vicinity: _____

(Please make necessary arrangement to reserve the presentation site, as well as the equipment if needed.)

3. Schedule Preference:

First Choice: _____ (date) from ____:____ to ____:____ (time)

Second Choice: _____ (date) from ____:____ to ____:____ (time)

4. Participants:

4.1 How many? _____ Students (Grade:) + _____ teachers + _____ others = _____ people

4.2 Relevant topics they have learned at school (if any):

4.3 Requests on topics for the lecture (if different from 4.2):

4.4 For high school or university/college students, are they studying the following subjects? (Circle)

Astronomy Physics Planetary Science Robotics Other ()

5. Preferred method of contact (Select at least one):

- E-mail (Subaru's preference): _____ (if different from above)
- Phone (ground/cell): _____ preferred time: _____

6. Already have a contact person at Subaru Telescope?

No. Yes.: _____ (Name of staff)

7. Any other special requests or comments: _____

8. Who referred you to the outreach program at Subaru Telescope?

Name: _____ Affiliation: _____

Thank you for your interest in Subaru Telescope. We will get back to you as soon as possible.

For office use

Received on: ____/____/____ Staff Host: _____

Signature of Authorization: _____ Date: ____/____/____

Category: Individual/Group Education/Research K-12 Press Government Company