



**SUPPLIES RESERVATION FORM
EQUIPMENT-ONLY GEL KITS**

Note the September 4, 2009 deadline!

Bring this form to Kit Signup Day after submitting your request.

PART I. CONTACT INFORMATION

Which kit are you eligible to use?

- South Sound Equipment-Only Gel Electrophoresis Kit (SS)
 509 Equipment-Only Gel Electrophoresis Kit (509)

Name _____

School _____

School phone () _____ Home () _____ Cell () _____

E-mail _____

PART II. SUPPLIES INFORMATION

Contact SEP with this information by Friday, September 4, 2009

Telephone (206) 667-4487 or (800) 332-8514 (you must talk with a real person) or

FAX us completed form at (206) 667-3458.

Protocol	# of Classes	Total # of Students
Measure for Measure		
Electrophoresis Exploration		
Dye/Indicator Lab		
DNA Lab #1 (precut DNA) OR DNA Lab #1 (Precut Forensics Version) CIRCLE WHICH ONE YOU WANT		
DNA Lab #2 (restriction enzyme digest)		
Elephant Project You must complete the Elephant Workshop to do this protocol.		

PART III. DNA DELIVERY INFORMATION

School Address (must include street address; no P.O. Boxes).

Location for delivery in your school where someone can sign for the delivery (for example, main office).

Name of contact person in delivery location.

Phone number of contact person in delivery location. () _____