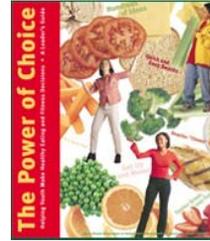


The Power of Choice

REQUEST



NAME: _____

MAILING ADDRESS: _____

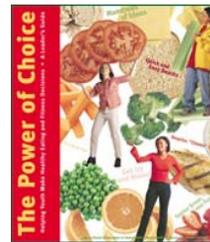
TITLE/OCCUPATION: _____

SCHOOL OR AGENCY: _____

GRADES/AGES OF STUDENTS YOU WORK WITH: _____

The Power of Choice

REQUEST



NAME: _____

MAILING ADDRESS: _____

TITLE/OCCUPATION: _____

SCHOOL OR AGENCY: _____

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