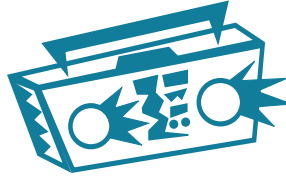


Your voice.



Your view.

Our school is interested in learning more about **YOUR VOICE, YOUR VIEW** and participating in this contest.

Name of School: _____

Contest Contact Person: _____

Department: _____

Contact's Telephone Number: _____

Contact's Fax Number: _____

Contact's Email Address: _____

Days available for Day One educational workshop: _____

Please add comments or questions here: _____

PLEASE FAX TO: 401-454-5565

OR MAIL TO: YOUR VOICE, YOUR VIEW Contest
Attn: Sandy Malone
Day One
100 Medway Street
Providence, RI 02906