

**Commonwealth of Virginia
Virginia Department of Education
Great Virginia Teach-In
Survey Form**

1. Does your school division, organization, professional group, teacher education program, or others plan to participate in the Great Virginia Teach-In, scheduled for March 18, 2006? Yes ___ No ___

If yes, please designate a contact person for your school division or organization in the space below.

Contact name: _____

Affiliation: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please fax or mail this response form on or before January 27, 2006 to:

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