Scheduling Request Form
This is a request only. It is not a confirmation of programs scheduled. A confirmation will be emailed to you.

Requested by: ____________________________ Email of Person Scheduling*: ____________________________

School Name: ____________________________ School Address: ____________________________

School Phone #: __________________________ Contact Phone #: ____________________________ School District: ____________________________

Billing Info: Email address to send Invoice: ____________________________ OR Name and address to send Invoice: ____________________________

Grade Level: ____________________________

<table>
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<tr>
<th>Program Requested</th>
<th>Number of sessions</th>
<th>Preferred Dates</th>
<th>Times (15 min. between sessions)</th>
<th>Classroom Teacher(s)</th>
<th>Number of Participants (max 30)</th>
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Notes about Scheduling Programs
* Program confirmations will be e-mailed to this address. Please check your ‘junk’ mailbox regularly for misdirected email.
- Review your confirmation upon receipt. Contact the museum with any changes or corrections. Please share confirmation with appropriate people.
- **BOCES payments must be confirmed in advance**
- Multiple programs should remain in the same room, and allow 15 minutes between each program for museum educator prep and set up.

CMOST Traveling Programs
250 Jordan Road, Troy, NY 12180
Fax 518.235-6836 | Phone 518.235-2120 | Email scheduling@cmost.org