

NJ HOSA/Health Science Technology  
Chapter Advisor Contact Information 2008-2009

Please fill out the information below and return it to the NJ HOSA office as soon as possible. Please print all information and use one sheet per chapter advisor.

**School Information:**

Advisor Name \_\_\_\_\_

School Name \_\_\_\_\_ Chapter #: \_\_\_\_\_

School Principal \_\_\_\_\_

Principal E-mail \_\_\_\_\_

School Address \_\_\_\_\_

zip

School County \_\_\_\_\_

School Phone \_\_\_\_\_ ext. \_\_\_\_\_

School Fax \_\_\_\_\_

Advisor \_\_\_\_\_

School Email \_\_\_\_\_

**\*Personal Information:**

Advisor Name \_\_\_\_\_

Advisor Home Address \_\_\_\_\_

zip

Advisor Home Phone \_\_\_\_\_

Advisor Cell Phone \_\_\_\_\_

Advisor Home Email \_\_\_\_\_

Advisor Home Fax \_\_\_\_\_

\*Please be assured that NJ HOSA will not give your personal information out to anyone. We will only use this information in the case of emergencies, such as last-minute cancellations of conferences due to inclement weather.

Please send completed form to:

Marie Laney, NJ HOSA  
Gloucester County Institute of Technology  
1340 Tanyard Road  
Sewell, NJ 08080