**Thank you for your interest in becoming a partner with BCCC-CURE.**

**Please, fill out all the information below.**Top of Form

First Name:

Last Name:

Email:

Company/Institution Name:

Company/Institution URL:

Phone:

Title:

**What Community Outreach or Education Partnership Opportunity are you interested in?** (**check all that apply**)

Providing educational seminars, workshops or courses with a cancer focus to BC students and faculty:

Working with the BCCC-CURE and BC faculty to identify/provide internship opportunities with a cancer focus for students in Brooklyn and NYC:

Organizing/providing community outreach opportunities with a cancer focus for BC faculty, students and staff members:

|  |  |  |
| --- | --- | --- |
| If interested in partnering for **Community Outreach**, please send this form to Dr. Jenny Basil at: [**BCCC-CURE-Outreach@brooklyn.cuny.edu**](mailto:BCCC-CURE-Outreach@brooklyn.cuny.edu) | If interested in partnering for **Education**, please send this form to Dr. Brian Gibney at:  [**BCCC-CURE-Education@brooklyn.cuny.edu**](mailto:BCCC-CURE-Education@brooklyn.cuny.edu) | |
| If your interest is for **Community Outreach** AND **Education**, please indicate this in your form  (you can send it to one of the two Associate Directors mentioned above). | |