**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:

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| If interested in partnering for **Community Outreach**, please send this form to Dr. Jenny Basil at:**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** |
| 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). |