



## Item Writer's Workshop Application

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First Name

Middle Initial

Last Name

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Home Address

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City

State

Zip Code

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Day Time Phone Number

Cell Phone Number

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E-Mail Address

I have read the terms of the Item Writer's Workshop, I am submitting questions that meet NCSN's eligibility requirements including:

- A minimum of 15 questions
- Typed questions in multiple choice format, with the correct answer noted
- Each question does contain a reference to support the correct answer
- I have not included any state/local specific questions

I understand that my questions will become the property of NCSN. \_\_\_\_\_  
Initial Here

I understand that by submitting my application and questions it does not guarantee that I will be selected to attend the NCSN Item Writer's Workshop, that all winners will be notified by May 25, 2009. \_\_\_\_\_  
Initial Here

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Signature

Date