

7. Do you have experience with or background in:

Art: Yes No Number of years_

Scientific experiments: Yes No Number of years__

Photography: Yes No Number of years__

Weaving: Yes No Number of years_

What is you age__ gender__ level of education__

8. When finished put this sheet with your written answers in the envelope, seal and drop in box on the table.

9. If you interested learning about the outcome of this project please put your name and contact information in the book on the table. I will let you know the results of your participation and about future work inspired by your contribution.

Thanks for your time and input in making this project possible. Lia Cook