

PROFESSOR

1. **NAME**

2. **ADDRESS**

3. **CITY**

4. **STATE**

5. **ZIP**

6. **TELEPHONE**

7. **UNIVERSITY**

8. **DEPARTMENT**

9. **STREET**

10. **CITY**

11. **STATE**

12. **ZIP**

13. **TELEPHONE**

14. **UNIVERSITY**

15. **DEPARTMENT**

16. **STREET**

17. **CITY**

18. **STATE**

19. **ZIP**

20. **TELEPHONE**

21. **UNIVERSITY**

22. **DEPARTMENT**

23. **STREET**

24. **CITY**

25. **STATE**

26. **ZIP**

27. **TELEPHONE**

28. **UNIVERSITY**

29. **DEPARTMENT**

30. **STREET**

31. **CITY**

32. **STATE**

33. **ZIP**

34. **TELEPHONE**

KINGSTON

1. **NAME**
 2. **ADDRESS**
 3. **CITY**
 4. **STATE**
 5. **ZIP**
 6. **TELEPHONE**
 7. **UNIVERSITY**
 8. **DEPARTMENT**
 9. **STREET**
 10. **CITY**
 11. **STATE**
 12. **ZIP**
 13. **TELEPHONE**
 14. **UNIVERSITY**
 15. **DEPARTMENT**
 16. **STREET**
 17. **CITY**
 18. **STATE**
 19. **ZIP**
 20. **TELEPHONE**
 21. **UNIVERSITY**
 22. **DEPARTMENT**
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 25. **STATE**
 26. **ZIP**
 27. **TELEPHONE**
 28. **UNIVERSITY**
 29. **DEPARTMENT**
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 32. **STATE**
 33. **ZIP**
 34. **TELEPHONE**