

Ohio Water Education Program
Project WET
EDUCATOR WORKSHOP PROPOSAL FORM

Date _____

Workshop # _____
 (office use only)

Leader's Name _____ Affiliation _____ Address _____ _____ _____ Work Phone (____) _____ Home Phone (____) _____ FAX (____) _____ e-mail _____	Please Ship Materials to: Same Address Different Address Below Name _____ Address _____ _____ _____ Phone _____
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**** PLEASE ATTACH YOUR TENTATIVE AGENDA (if you have one available) ****

Date(s) of workshop _____ Times _____

Location _____

City _____ County _____

Names of other certified WET Leaders helping with the workshop: _____

AUDIENCE: *Check all that apply.*

In-Service Teachers

- Early Childhood
- Elementary School
- Middle School
- High School
- College/University
- School Administrators

Pre-Service Teachers

- Early Childhood
- Elementary School
- Middle School
- High School
- College/University

Nonformal Educators (e.g., staff at park, outdoor ed center, nature center, zoo, or museum; youth group leader; water resources specialist for government agency)

Other _____

Would you accept other interested persons in this workshop? Yes No

If yes, interested persons should call:

Name _____

Phone (____) _____

Estimated number of workshop participants: _____
Number of Project WET Guides on hand from previous workshops: _____
Estimated number of Project WET Guides needed: _____

IMPORTANT: PAYMENT FOR BOOKS

The charge for each Project WET Activity Guide is **\$22.00**. An invoice will be sent at the same time the Guides are sent. Payment may be made for all the Guides sent or only for those Guides used in the workshop.

Please send an invoice for payment to _____

OR

_____ I will send check for payment for all the Guides sent (I will keep unused Guides for the next workshop).

_____ I will send check(s) for payment after the workshop for the Guides used (I will return unused Guides or keep them for the next workshop).

Make checks payable to: Water Resources Foundation of Ohio

**PLEASE REMEMBER TO MAIL YOUR CHECK(S) AND UNUSED GUIDES
(IF APPLICABLE), AND LEADER REPORT TO THE WORKSHOP COORDINATOR
AFTER THE WORKSHOP**

Please fill out this form and mail to:

Project WET State Coordinator
c/o ODNR, Division of Soil & Water Resources
2045 Morse Road, Building B-2
Columbus, OH 43229-6693
Phone: 614-265-6758
Fax: 614-265-6767