

OHIO WATER EDUCATION PROGRAM & OHIO PROJECT WET CONTACT INFORMATION SHEET

CONTACT INFORMATION:
NAME: _____
TITLE: _____
AGENCY/INSTITUTION: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
COUNTY: _____
WORK PHONE: _____
HOME PHONE: _____
FAX: _____
E-MAIL: _____

DESCRIPTION OF SPECIALTY:	
<input type="checkbox"/> Elementary School Teacher	<input type="checkbox"/> Youth Organization
<input type="checkbox"/> Middle School Teacher	<input type="checkbox"/> Pre-Service Teacher
<input type="checkbox"/> Secondary School Teacher	<input type="checkbox"/> Other College Student
<input type="checkbox"/> School Administrator	<input type="checkbox"/> College Faculty
<input type="checkbox"/> Curriculum Specialist	<input type="checkbox"/> Industry or Corporation Representative
<input type="checkbox"/> Water Resource Specialist area of expertise _____	<input type="checkbox"/> Government Agency Representative
<input type="checkbox"/> Non Governmental Organization	<input type="checkbox"/> Other _____

AREAS OF INTEREST:
<input type="checkbox"/> I would like to participate in a 6-hour Project WET Educator Workshop so I can obtain the <i>Curriculum and Activity Guide</i> to use in my classroom or nonformal education setting.
<input type="checkbox"/> I would like to participate in a 2-day Project WET Facilitator Workshop so I can conduct local Educator Workshops.
<input type="checkbox"/> I would like to become part of the OWEP water resource professional volunteer network, be listed on the OWEP website, and be available to teachers to answer questions and/or become involved in class projects.

Please complete & return this sheet to: **Ohio Water Education Program Manager**
c/o ODNR-Division of Water
2045 Morse Road, Building B-2
Columbus, OH 43229-6693

or fax it to: **Ohio Water Education Program Manager (614) 447-9503**