

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 _____

**** 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.*

- Early Childhood Teachers
- Elementary Teachers
- Middle School Teachers
- Secondary Teachers
- Administrators (Education)
- Water Resource Specialists or Government Agency Representatives

- Preservice Teachers / College Students
- College Faculty
- Nonformal Educators (e.g., youth group leader, staff at park, outdoor ed center, nature center, zoo, or museum)
- Other _____

Estimated number of workshop participants _____

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

If yes, interested persons should call:

Name _____

Phone () _____

Numbers of books needed:

_____ Project WET Activity Guidebook

**** IMPORTANT: PAYMENT FOR BOOKS ****

The cost of the Project WET Activity Guidebooks is **\$22** each. Please mark payment type:

_____ Send invoice with books (I will keep books that aren't used for next workshop).

If payment is being made by an institution, please specify the name and address to which the invoice should be sent.

Please send an invoice for payment to _____

_____ Send invoice after the workshop (I will either return leftover books or keep them for the next workshop).

_____ I will send check(s) for payment of the books after the workshop (I will either return leftover books or keep them for the next workshop).

** Make checks payable to: **WRFO/OWEP**

**** PLEASE REMEMBER TO MAIL YOUR CHECK(S) (IF APPLICABLE), BOOKS (IF APPLICABLE) AND LEADER REPORT FORM TO THE PROJECT WET WORKSHOP COORDINATOR AFTER THE WORKSHOP; INVOICES ARE SENT OUT AFTER THE WORKSHOP COORDINATOR HAS RECEIVED THE LEADER REPORT FORM (unless requested when books are sent)****

Please fill out this form and mail to:

Project WET Workshop Coordinator
2045 Morse Road
Columbus, OH 43229-6693
Telephone: 614-265-6758
Fax: 614-265-6767
E-mail: leonard.black@dnr.state.oh.us