

Project WET Workshop Proposal



Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax Number _____ E-Mail _____

Date(s) of proposed workshop _____

Workshop times _____ Location _____

Facilitators _____

Audience represented _____

Estimated number of participants _____

Number of WET Guides needed _____

Number of Getting Little Feet WET Guides needed _____

Please call or e-mail two weeks prior to your workshop to confirm the number of guides. This also ensures timely delivery of your guides.

Attach your proposed workshop agenda (You may use the back of this page or attach another page.)

Return this form to:

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Missouri Project WET—Erica Cox
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