

Missouri 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 _____ **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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