

# 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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