

Missouri Project WET **Workshop Proposal**



Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax Number _____ E-mail _____

Date(s) of proposed workshop _____

Times _____ Location _____

Facilitators _____

Audience represented _____

Estimated number of participants _____

Number of WET Guides needed:

_____ Project WET Guides

Items automatically sent:

- Certificates
- WET highlighters

Attach Proposed Workshop Agenda

Return form at least three weeks prior to workshop to:

Janice Greene, Project WET Coordinator
Missouri State University, Dept. of Biology
901 S. National Avenue
Springfield, MO 65897
Phone: 417-836-5306
E-mail: janicegreene@missouristate.edu