

**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 _____
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**\*\* 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.*

In-Service Teachers

- Early Childhood
- Elementary School
- Middle School
- High School
- College/University
- School Administrators

Pre-Service Teachers

- Early Childhood
- Elementary School
- Middle School
- High School
- College/University

Nonformal Educators (e.g., staff at park, outdoor ed center, nature center, zoo, or museum; youth group leader; water resources specialist for government agency)

Other \_\_\_\_\_

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

If yes, interested persons should call:

Name \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Estimated number of workshop participants: \_\_\_\_\_  
Number of Project WET Guides on hand from previous workshops: \_\_\_\_\_  
Estimated number of Project WET Guides needed: \_\_\_\_\_

**IMPORTANT: PAYMENT FOR BOOKS**

The charge for each Project WET Activity Guide is **\$22.00**. An invoice will be sent at the same time the Guides are sent. Payment may be made for all the Guides sent or only for those Guides used in the workshop.

Please send an invoice for payment to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

\_\_\_\_\_ I will send check for payment for all the Guides sent (I will keep unused Guides for the next workshop).

\_\_\_\_\_ I will send check(s) for payment after the workshop for the Guides used (I will return unused Guides or keep them for the next workshop).

**Make checks payable to: Water Resources Foundation of Ohio**

**PLEASE REMEMBER TO MAIL YOUR CHECK(S) AND UNUSED GUIDES  
(IF APPLICABLE), AND LEADER REPORT TO THE WORKSHOP COORDINATOR  
AFTER THE WORKSHOP**

Please fill out this form and mail to:

Project WET State Coordinator  
c/o ODNR, Division of Soil & Water Resources  
2045 Morse Road, Building B-2  
Columbus, OH 43229-6693  
Phone: 614-265-6619  
Fax: 614-265-2064