Project WET Workshop Scheduling Form

*1. Please provide the following information:

Facilitator Name:

Email Address:

Phone Number:

*2. Date and Time of Workshop (two spaces are available in case of a split workshop)

	MM	DD	YYYY	HH	MM	AM/PM
Date	/	/		:		
Date	/	/		:		

*3. Location of the workshop?

*4. Please provide contact information for the organization or school sponsoring the workshop.

Name:

Company:

Address:

Address 2:

City/Town:

ZIP:

Email Address:

Phone Number:

*5. Who is the intended audience for this workshop?

*6. Who is providing the K-12 Curriculum and Activity Guides for this workshop?

*7. Who will be ordering the K-12 Curriculum and Activity Guides for this workshop?

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* 8. Do you have a copy of the Facilitator Report Form, the Sign-In Sheets and the WET Evaluation form? Please send the originals or a copy of all three to DEQ upon completion of the workshop. Thanks.

- ◯ Yes
- ◯ No, please send.

Send completed forms to DEQ:

Project WET/Jill Hrynciw
P.O. Box 1105
Richmond, VA, 23218

For assistance contact DEQ at Jill.Hrynciw@deq.virginia.gov or call (804) 698-4048.