



Workshop Proposal

Workshop Contact: E-mail:			
Mailing Address:			
City	State	County	Zip
Type of Workshop: PW/Aquatic WILD_	Fly	ying WILD	Joint with WET or PLT
Date(s) of proposed workshop: Times:			
Location:			
Expected Number of	Participants:	Prim	ary Audience:
(The registrati	<i>A</i>	Aquatic WILD_ workshops is \$30	and includes both Guides.)
Flying WILD_ (The registrati	on fee for this we	orkshop is \$15 a	nd includes the Guide).
Mail guides to:			
Attention of:			
Direct invoice to:			
Additional Materials ((indicate number	needed in blank):
Aquatic Poster	r Sets C	Certificates	Project WILD Coordinator Wildlife Resources Division 543 Elliott Trail
Project WILD	PowerPoint (this	will be emailed)	Mansfield, GA 30055 (770) 784-3064
Materials should arrive by: Fax: (770) 784-3 www.gaprojectw			

Include proposed workshop agenda with this form.