

Workshop Proposal

Workshop Contact: _____

E-mail: _____

Day Phone: _____ Evening Phone _____

Mailing Address: _____

City _____ State _____ County _____ Zip _____

Type of Workshop:

PW/Aquatic WILD _____ Flying WILD _____ Joint with WET or PLT _____

Date(s) of proposed workshop: _____ Times: _____

Location: _____

Facilitators: _____

Expected Number of Participants: _____ Primary Audience: _____

Number of activity guides needed:

WILD _____ Aquatic WILD _____

(The registration fee for these workshops is \$32 and includes both Guides.)

Flying WILD _____

(The registration fee for this workshop is \$15 and includes the Guide).

Mail guides to: _____

Attention of: _____

Direct invoice to: _____

Additional Materials (indicate number needed in blank):

____ Aquatic Poster Sets ____ Certificates

Materials should arrive by: _____

Include proposed workshop agenda with this form.

Project WILD Coordinator
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