LEAF Workshop Registration Form

Appleton April 9 - May 18, 2012



First Name			Last Name							
School District			School	School Name						
School Address										
City				State		Zip Code				
									se note: \	
School Phone	School email							email as our primary contact tool. Be sure the		
Home Phone										you provide d one you y.
Grade Level(s)	S	ubject Are	a(s)					-	udents do	,
							you tea	CHIHa	i year :	
	Which uni	t of the LE <i>F</i>	AF Lessor	n Guide	e woul	d you prefe	er?			
		2-3		5-6						
If yo	ou are uncertain v v	vhich unit yo vww.uwsp.ec					on our wel	bsite at		
Do you plan to take this workshop for a UWSP credit as NRES 740? (You will be contacted via email to submit an additional credit registration form and payment.)										
		0	Yes		N	0				

Please print and return this form by mail to LEAF/WCEE 800 Reserve St., Stevens Point, WI 54481 OR scan the printed form and email to leaf@uwsp.edu OR fax to 715-346-3025 **by April 5.** Receipt of your form will be confirmed by email and you will receive information regarding the \$35 materials fee payment and any credit payment required.