

Educator Workshop Registration Form



To register for a workshop, please read the workshop description for the accurate organization which is collecting the completed forms.

Name: _____

School or Organization: _____

Mailing Address: _____

Town: _____ **Zip Code:** _____

Email: _____ **Phone:** () _____

Grade(s)/Subjects taught: _____

Educator Identification #: (only if requesting CEU's): _____

Title of workshop: _____

Date of workshop: _____ **Location:** _____ **Program Fee:** _____

Payment: Visa or Mastercard _____ **Exp. Date:** _____

Check#: _____ **Purchase Order #:** _____

Do you have a Schoolyard Nature Trail	yes	no
Outdoor Classroom	yes	no
Outdoor Garden	yes	no

Please tell us if you are interested in the following workshop topics:

Schoolyard Nature Trail	yes	no
Outdoor Classroom	yes	no
Outdoor Gardens	yes	no
Literature and the Environment	yes	no
Wildlife	yes	no
Connecting Standards & Environment	yes	no
Real-world science studies	yes	no

Other topics: _____

Have you previously attended any of the following workshops:

Project Learning Tree	yes	no
National Wildlife Federation	yes	no
Project WET	yes	no
Project Wild	yes	no



For office use only

DEP or CFPA (circle) Amount & date paid:

PO #: _____ Check #: _____

Confirmation sent:: yes no date: _____



CT PLT is a collaborative project sponsored by the CT DEP and the CT Forest & Park Association.

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www.ct.gov/dep www.ctwoodlands.org www.plt.org