



**SALMON IN THE CLASSROOM  
WORKSHOP REGISTRATION**

_____ School	_____ Contact Name	
_____ Address	_____ School Telephone	_____ Summer Telephone
_____ City, State, ZIP	_____ School Email	
_____ County	_____ Summer Email (if different)	

**SELECT THE WORKSHOP YOU WILL BE ATTENDING**

- Thursday, August 12, Oden State Fish Hatchery, Oden, MI
- Saturday, September 18, Marquette State Fish Hatchery, Marquette, MI
- Tuesday, November 9, Wolf Lake State Fish Hatchery Visitor Center, Mattawan, MI

**Have you participated in SIC in the past?**  Yes  No

**If so, when was the last school year you participated?** \_\_\_\_\_

**Has anyone assisted you with sponsoring the program at your school?** If so, please provide us with their individual contact names, organization name, mailing address, telephone number, and email address. We encourage you to invite the sponsors that assist you with the program.

_____ Organization Name	_____ Contact Name
_____ Address	_____ Telephone
_____ City, State, ZIP	_____ Email

**Will you be bringing a sponsor to the workshop?**  Yes  No

If you have any questions, please feel free to contact Natalie Elkins at:

Email : [elkinsn@michigan.gov](mailto:elkinsn@michigan.gov) FAX: 517-373-1547

**Please send a completed registration form, no later than July 31, 2010 to:**

Natalie Elkins  
Office of Communications  
Michigan Department of Natural Resources and Environment  
PO Box 30745  
Lansing, MI 48909