SALMON IN THE CLASSROOM
WORKSHOP REGISTRATION

School _____ Teacher Name _____

Address _____ School Telephone _____ Summer Telephone _____

City, State, ZIP _____ School Email _____

County _____ Summer Email (if different) _____

SELECT THE WORKSHOP YOU WILL BE ATTENDING

☐ November 5, 2014, Wolf Lake State Fish Hatchery, Mattawan, MI

☐ November 6, 2014, Platte River Hatchery, Beulah, 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 this sponsor to the workshop? ☐ Yes ☐ No

If you have any questions, please feel free to contact Natalie Elkins at:
Email : elkinsn@michigan.gov FAX: 517-373-1547

Please send a completed registration form, <u>no later than September 30, 2014</u> to:

Natalie Elkins
Marketing and Outreach
Michigan Department of Natural Resources
525 W Allegan
Lansing, MI 48933