PROJECT LEARNING TREE® – OHIO EVENT/WORKSHOP PROPOSAL

Please submit this form at least one month prior to intended workshop date.
As applicable, make checks payable to PLT-Ohio.

Workshop #

(office use only)

Facilitator Information

Ship-to Address – no P.O. box numbers

Facilitator: _____
Affiliation: _____
Street: _____
City: _____
State: _____ Zip: _____ County: _____
Phone: _____
Email: _____

Other Certified Facilitators(s); Resource Specialists

Name: _____
Email: _____
Name: _____
Email: _____
Name: _____
Email: _____

Professional Development Information

Information on host organization:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Website: _____
Date(s): _____
Expected Number of Participants: _____
Materials Needed By: _____
Registration Fee: _____
Workshop Title: _____
Workshop Location: _____

Workshops may be posted to PLT's website.
"Open" workshops reveal facilitator contact info.

Workshop Status: Open ____ Closed _____

Participants (*Check all that apply*)

☐ Elementary Teachers
☐ Secondary Teachers
☐ Youth Leaders
☐ College Students
☐ Natural Resource Professionals
☐ Other *Specify*: _____

Event Type

Please check one:
In-Person ◯ Blended (In-Person/Online) ◯ Online ◯

PLT Materials Needed	**QTY # Print** *$/each*	**QTY # Online Code** *$/each*
K-8 Guide	_____ ($35)	_____ ($35)
Early Childhood Experiences	_____ ($25)	_____ ($25)
Secondary Modules		
Biodiversity	_____ ($20)	X
Biotechnology	_____ ($20)	X
Focus on Forests	_____ ($25)	X
Forests of the World	_____ ($25)	X
Green Jobs	_____ ($25)	_____ ($25)
GS Investigations	_____ ($35)	_____ ($35)
Places We Live	_____ ($25)	X
Risk	_____ ($25)	X
Solid Waste	_____ ($25)	X
E-Units (Online Access Only)		
Treemendous Science Gr. K-2	X	_____ ($30)
Energy in Ecosystems Gr. 3-5	X	_____ ($30)
Carbon and Climate Gr. 6-8	X	_____ ($30)

Additional Materials *Specify:* _____
_____

State Materials (if available)
Check: Yes☐ No ☐ | Ohio's Trees and Shrubs Guide

Workshop Specials:
$50/person K-8+Secondary Module or Early Childhood
$50/person 3 Modules of Choice

Payment Information

Please explain cost breakdown/contributors:
_____
Special Instructions? _____

Invoice Information: **Invoice Needed?** Yes☐ No☐
Name: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Send proposal to: PLT-Ohio Coordinator/Staff
2045 Morse Road H-1, Columbus, OH 43229
Email: plt@dnr.ohio.gov

NOTICE: Please send event/workshop agenda, flyers, advertisement links, etc. to plt@dnr.ohio.gov.