



CONTINUING FORESTRY EDUCATION

Provider Application Form

Provider Information:

Provider (Company) Name _____ Website address: _____

Contact Name: _____ Phone: _____ E-mail: _____

Activity:

Title: _____

Knowledge/skills: _____

(What knowledge/skills are attendees intended to take away from this program?)

Location: _____ City: _____ State: Oregon

Target Audience:

☐ Foresters ☐ Landowners ☐ Loggers
☐ Natural Resource Professionals ☐ Forestry Technicians ☐ Others

This program is a:

☐ Workshop/Seminar ☐ SAF meeting ☐ Field Trip ☐ Videoconference
☐ Conference ☐ Lecture ☐ Self study

Program duration:

☐ Single day event w/o field trip ☐ Multi day event w/o field trip ☐ Event repeated more than once
☐ Single day event w/ field trip ☐ Multi day event w/ field trip

Options:

☐ No options ☐ Field trip(s) optional ☐ Other options

Agenda: give complete agenda including all items below – use additional sheet if necessary

Date(s) of the event:

Speaker, Credentials:

Start/end time for each session:

Start/end time for each break:

Presentation title

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Return this email to: micksears621@yahoo.com