

Da	ite:
	oup Name:
	pe of Organization:
	imary Contact Name:
	ldress:
Da	lytime Phone:
Eve	ening Phone:
Em	nail:
Lo	cation for Presentation:
Ad	ldress:
Ag	ge/s of Group: Estimated Attendance:
Pre	eferred Presentation Date/Time:
Alt	ternate Presentation Date/Time:
Woul	d you be interested in a:
	Program with a PowerPoint Presentation Program with Live Animals Both Booth or Table Event

*Please note: For small groups the Wildlife In Need Center currently has facilities for on-site education.

Please complete this form and mail, fax, or email to:
Wildlife In Need Center
W349 S1480 S. Waterville Road
Oconomowoc, WI 53066
Fax: (262)965-3098

Email: education@helpingwildlife.org