Workshop Title	
Date:	
Time:	
Location:	
Workshop Description	
monica.waddell@noaa.gov Switch account	<u> </u>
Not shared	

1/3/24, 1:40 PM Workshop Title

OMB Control Number: 0690-0038

Expiration Date: 7/31/2026

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Privacy Act Statement

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Workshop Title

monica.waddell@noaa.gov Switch account



Not shared

* Indicates required question

Workshop Registration

Please complete the below information to register for the workshop. Space is limited. Registration is first come, first serve [but we can't accept more than 2 people from a single organization].

First Name *

Your answer

Last Name *

Your answer

Email * Your answer
School or Organization * Your answer
State of your School or Organization * Your answer
Zip code of your School or Organization * Your answer
What School District(s) do you work with? * Your answer

Who is your primary audience? *
Early Elementary School (grades preK-2)
Upper Elementary School (grades 3-5)
Middle School (grades 6-8)
High School (grades 9-12)
Post-Secondary Education
Public
Educators (formal and nonformal)
Other:
Please select the descriptor that best matches your work. * Nonformal Educator (i.e. Environmental Educator or a Partner or Support Educator not employed by the school district) Teacher School Administration Other School District Personnel Post-Secondary Instructor Post-Secondary student (i.e. pre-service teacher or undergraduate student) Pennsylvania IU personnel
Other:

What subject(s) do you primarily teach? *
Your answer
We will be providing food at the workshop. Do you have any dietary restrictions or * preferences we should know?
None
Vegetarian
☐ Vegan
Gluten-free
Dairy-free
Other:
Which days of the workshop are you able to attend? Preference will be given *
Day 1
Day 2
Day 3
Please share with us what you hope to get out of this workshop.
Your answer

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Is there anything else we should know to make the workshop a great experience for you?

Your answer

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