

SWINE LMFO THREE HOUR ANNUAL EDUCATION SESSION
APPROVAL REQUEST FORM

Submitted by (LMFO entity name): _____

Mailing Address: _____

Phone No.: _____

Name of Individual Submitting this Request: _____

Subject Matter and Name of Presenter for each Topic:

<u>Subject</u>	<u>Presenter</u>

Amount of Time Spent on Relevant Education Per Presenter:

<u>Time</u>	<u>Presenter</u>

Date: _____ Time: _____

Location (include address and/or directions): _____

Approximate Number of Attendees: _____

Approved by: _____
(ODAFF)

Date: _____

SUBMIT AT A MINIMUM OF SIXTY (60) DAYS IN ADVANCE OF THE LMFO EDUCATION MEETING TO:

ODAFF
AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES
P.O. BOX 528804
OKLAHOMA CITY, OK 73152
OR FAX: (405) 522-6357