Thank you for your interest in a Shawnee County Extension Master Gardener presentation!

Complete and return this form **at least 8 weeks prior** to your requested presentation date.

Note: Providing speakers is contingent on time and availability of our volunteers. We will make every effort to accommodate your request and appreciate your cooperation.

Organization Name:	
Please tell us more about w	hat your group does:
Estimate members who will	attend this presentation (minimum of 10):
Contact Person(s) Name:	
Telephone Number:	
E-Mail Address:	
Today's Date:	Presentation Date:
Please provide 2 alt	ernate dates for the presentation:
Presentation Time:	Length of requested presentation:
select topic(s) or sug	st your group? stomize topics for each group. Review list on website for suggestions and ggest one that would interest your group. Remember, the broader the topic able gardening, landscaping, etc.) the more likely we will find a match.
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Other (please list)	

Event location

Note: Include address, room name or number and any directions that will assist our volunteer.	
Other information you'd like us know:	
Please return the completed form to:	
lwwiens@ksu.edu and jleever@ksu.edu or	
Lane Wiens	
Horticulture Agent	
1740 SW Western	
Topeka, KS 66604	
Shawnee County Extension Master Gardeners are a volunteer group within K-State Extension. Our	
volunteers seek to influence and change behavior of our audiences to improve their lives and our communities through research-based educational programs.	
Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have	
special requirements due to a physical, vision, or hearing disability, contact Lane Wiens, at 785-232-0062 ext. 104. Kansas State University is an equal opportunity provider and employer	
FOR OFFICE USE ONLY below this line.	
FOR OFFICE USE OINLY BEIOW UITS TIME.	
Name of Master Gardener Presenter:	
E-Mail:	
Phone: Additional Phone:	
Presentation Date: Presentation Time:	