



**9. Bus Transportation:** (Check one)

- No. Bus transportation is not needed.
- Yes. Bus transportation is needed. (Give specific destination and address)

**10. Boxed Lunches** (Check one)

- No. Boxed lunches are not needed; participants will return to cafeteria for lunch.
- Yes. Boxed lunches are needed; participants will not return to cafeteria for lunch.

**11. Instructor(s) information:** The following information is required for **every** instructor. UW-Extension employees may be reimbursed for expenses only although non-Extension employees are allowed both expenses and an honorarium.

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 e-mail \_\_\_\_\_

Title & position \_\_\_\_\_  
 Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
 UWEX Employee: ( ) Yes ( ) No

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 e-mail \_\_\_\_\_

Title & position \_\_\_\_\_  
 Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
 UWEX Employee: ( ) Yes ( ) No

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 e-mail \_\_\_\_\_

Title & position \_\_\_\_\_  
 Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
 UWEX Employee: ( ) Yes ( ) No

**12. Lodging for instructors will be provided at the dorm, if needed.** (Indicate only if needed.)

Name of person needing a room	Gender	Monday night	Tuesday night	Wednesday night

**13. Meals needed -** \_\_\_\_\_

**14. Parking permits needed?** ( ) yes ( ) no

Name(s) of person(s) needing permits	Check day(s) needed			
	Monday	Tuesday	Wednesday	Thursday

**15. Any other comments or information:**

**Proposals must be received at State 4-H office by November 26, 2007 at:  
 WI 4-H Outreach, 431 Lowell Hall, 610 Langdon St., Madison WI 53703-1195**

**STATE SPECIALISTS: PLEASE ENTER ALL INFORMATION INTO THE EXCEL SPREADSHEET <g:\coop\4h\YthConference\08sems\08-Master Info> BY DEC. 1, 2007.**