Discovery Western Workshop Request Form						
Contact Information						
Scl	hool/Organizati	ion	Primary Contact			
			Name:			
Name & Address:			Phone #:			
			Email:			
Workshop Information						
Please fill out the below information for each workshop that you are requesting.						
Workshop Title	In-class or at Western University	Preferred date for workshop in May & June	Preferred time for workshop — start & end time with notes for nutritional breaks. (Each workshop is 1.5 to 2 hours long, excluding Lego Robotics)		Number of students	Grade of Students
Additional Notes or Requests						
If you have any questions or to submit this request please email discover@uwo.ca or contact Discovery Western at 519-661-2111 ext. 88826						
Office Use						
Final Cost:			Date Payment Received:			



