



VOLUNTEER WILDLIFE MONITORING PROGRAM REGISTRATION FORM

Workshop You are Registering For:

Location: _____

Date: _____ Type: Frog-Toad Bird Nesting

Name: _____

Organization You Represent (if any): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County of Residence: _____ **E-mail:** _____

Phone no. where you can be reached: _____

Dietary Restrictions? _____

** The workshop requires pre-registration and a \$5.00 fee (**CHECKS MADE PAYABLE TO IOWA DNR**). Send registration form and check to: Boone Wildlife Research Station, Attn: VWMP, 1436 255th St, Boone IA 50036.

If you have questions or would like further information Contact: Stephanie Shepherd at: 515- 432-2823 X 102, vwmp@dnr.iowa.gov