

Please return completed form to:

Colleen Miko 345 6th Street, Ste. 550 Bremerton, WA 98337-1874 360-307-4378

Master Gardener Speaker Summary

Please complet	e this form each	time you speak	or present a pro	ogram.	
Your Name:		Present	Presentation Date:		
Group:		Presenta	Presentation Time:		
Location:		Prepara	Preparation Time:		
		Total Ti	me:		
Audience Total: I	Men Wom	en Total _	(total # yo	outh:)	
White	Black	Native American	Asian	Other	
Title and Topic (s	summary):				
The above inform	nation is needed for	r county, state and	federal civil rights	reports and	

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension office. Reasonable accommodations will be made for persons with disabilities and special needs who contact Colleen Miko at 345 6th Street, Suite 550, Bremerton, WA 98337 360-307-4378 cmiko@co.kitsap.wa.us at least two weeks prior to the event.

budget requests. Please take the time to record the information accurately.