Ohio Rural Water Association Training Information Page

Instructor Name: _____ **Company:** _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Date of Training: TBA **Training Sponsored by:** Ohio Rural Water Association

Training Location: ORWA Annual Conference & Expo - Cherry Valley Lodge, Newark, Ohio

Title: _____

Description of Session with Agenda (Please also attach a bio): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(For more space, please attach a separate sheet of paper)

Time Scheduled: TBA **Duration of session:** _____

FOR OFFICE USE ONLY

SCHEDULED BY: Samantha Hydell, Office Manager, ORWA **DATE SCHEDULED:** _____
DATE RECEIVED: _____ **DATE SENT TO OTCO/EPA:** _____