

SWINE FEEDING OPERATION/LMFO THREE HOUR EDUCATION SESSION APPROVAL REQUEST FORM

Submitted by (LMFO entity name): _____

Mailing Address: _____

Phone No.: _____

Name of Individual Submitting this Request: _____

Subject Matter and Name of Presenter for each Topic:

| <u>Subject</u> | <u>Presenter</u> |
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Amount of Time Spent on Relevant Education Per Presenter:

| <u>Time</u> | <u>Presenter</u> |
|-------------|------------------|
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| | |

Date: _____

Time: _____

Location (include address and/or directions): _____

Approximate Number of Attendees: _____

Approved by: _____
(ODAFF)

Date: _____

SUBMIT AT A MINIMUM OF THIRTY (30) DAYS IN ADVANCE OF THE LMFO EDUCATION MEETING TO:

AEMS
Agricultural Environmental Management Services
P. O. Box 528804
Oklahoma City, OK 73152
E-MAIL ADDRESS: jeremy.seiger@ag.ok.gov