

20____
**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>

Amount of Time Spent on Relevant Education Per Presenter:

<u>Time</u>	<u>Presenter</u>

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
Fax: 405/522-6357
E-MAIL ADDRESS: jeremy.seiger@ag.ok.gov