

## 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  
E-MAIL ADDRESS: [angela.thompson@ag.ok.gov](mailto:angela.thompson@ag.ok.gov)