



## Science of Oil Spills (SOS) Workshop Application

**Please provide all information requested:** (type or print clearly)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**The following information will help us better understand our audience:**

Please describe your educational background: \_\_\_\_\_

\_\_\_\_\_

Please describe your spill response experience (if any):

\_\_\_\_\_

Describe your area of expertise or specialty at a spill (e.g., marine or wildlife biology, spill operations, spill management, oceanography, logistics, finance, etc.):

\_\_\_\_\_

What do you hope to gain from this workshop?

\_\_\_\_\_

How did you hear about this workshop (from your NOAA SSC, our Web site, other)?

\_\_\_\_\_