

## Virtual Education Program Information

Thank you for your interest in a NMWC virtual education program! Please read the following Program Information & Policies. A completed and signed copy of the Virtual Program Request Form must be sent to:

New Mexico Wildlife Center, 19 Wheat St, Espanola, NM 87532 email: education@newmexicowildlifecenter.org phone: (505) 753-9505

All virtual education programs are 45 minutes long, with an additional 15 minutes for establishing the technical connection and Q&A, via your choice of virtual communication (Zoom, Google Meet, etc.). Each program will feature one or more of our Ambassador Animals.

## Virtual programs are \$40.

<u>Reservations</u>: Schedule early to help ensure your preferred date and time. All reservations are made on a "first-come, first-served" basis. Two weeks advance registration is required. Reservations are confirmed only when you receive an email from our education staff finalizing the date and time in response to your completed request form.

<u>Payments</u>: Payment is due in full by the day of the program. Checks, cash or credit card (MasterCard or VISA) are accepted. Please contact us directly if you require a different payment method. Make checks payable to NMWC. Persons scheduling programs are responsible for all fees. Checks returned for insufficient funds will be charged an additional \$35 fee.

<u>Cancellations & Refunds</u>: No refunds will be provided for programs cancelled by the scheduling group. A group that cancels may reschedule; rescheduling groups will receive the lowest priority for program dates. A full refund will be provided in the event that NMWC must cancel a program and no alternative date can be scheduled.

<u>Supervision</u>: For groups with children, at least one adult must be present with the group for the entirety of the virtual program.

By typing my name in the field below, I attest that I have read, understand and agree to the terms on this page.

Name: Date:
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## Virtual Education Program Request Form

Contact Person:				
Contact Phone:				
Contact E-mail:				
1st Choice 2nd Choice 3rd Choice	ate Requested: animals you wo	(between the control of the control	ude during the program?	
This virtual program is for a (check one):  School				
Name of School				
Sch	nool District			
Teacher(s) (if different from contact person)			Grade	
Group	Group/Organization			
Name	Name of Group/Org			
Location (City/State)			Age Range	
Description of Group				
Indivi	dual Gift			
Nam	ne of Individual		Age	
Inc	dividual's Email			
Locat	tion (City/State)			
	Reason for Gift			