

## **Educator Network Form**

If you would like to advertise your course or services in the “Educator Network”, please complete this form and mail it or bring the form to the Delta VISION HCP office at:

1080 Pioneer Road, Delta, CO 81416

If you mail this form, please write “ATTN: Educator Network” on the envelope.

Please write legibly so that we publish your information correctly.

Name of Course: \_\_\_\_\_

Name of Educator: \_\_\_\_\_

Educator Phone Number: \_\_\_\_\_

Include a 50-word description of the course, tutoring services or apprenticeship. Details to include in the description are: time, location, description of class, minimum or maximum number of learners, age group the course will be geared toward – if any, and goals for the class.