

# Conference Workshop Proposal Forms

20<sup>th</sup> Annual-NWIHSC  
Theme: 20 years of Nurturing Head Start Children

Workshop Sessions: 1 1/2 - 2 hrs

Would you do a repeat session? Yes\_\_\_ No \_\_\_

Monday August 23 <sup>rd</sup>	Tuesday August 24 <sup>th</sup>	Wednesday August 25 <sup>th</sup>	Thursday August 26 <sup>th</sup>
<b>Pre-Intensive Sessions</b> 9:00 AM -5:00 PM	1 <sup>st</sup> Workshop Session: 10:45 - 12:15 PM 2 <sup>nd</sup> Workshop Session 1:30 – 4:00 PM	3 <sup>rd</sup> Workshop Session 10:45 – 12:15PM 4 <sup>th</sup> Workshop Session 1:30 – 4:00 PM	9:00 Am General Session Brunch - Closing

\*\*\*\*\*Reminder the Coalition does not have equipment for use during your presentations\*\*\*\*\*

Summary of Workshop ( Type or Print Clearly)

Title: \_\_\_\_\_

Summary of Workshop: (Type or Print Clearly) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Room Arrangement Needed: Open: \_\_\_ Theater: \_\_\_ Classroom: \_\_\_

### Presenter Information (Type or Print Clearly)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Address: \_\_\_\_\_

Biography of yourself: \_\_\_\_\_

\_\_\_\_\_

Co-Presenter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Address: \_\_\_\_\_

**Cancellations: The Coalition requests 2 weeks notice prior to conference! Booklets are being made.**

**Deadline:**