

Conference Workshop Proposal Forms

20th 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 rd	Tuesday August 24 th	Wednesday August 25 th	Thursday August 26 th
Pre-Intensive Sessions 9:00 AM -5:00 PM	1 st Workshop Session: 10:45 - 12:15 PM 2 nd Workshop Session 1:30 – 4:00 PM	3 rd Workshop Session 10:45 – 12:15PM 4 th 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: