

Conference Workshop Proposal Forms

20th Annual-NWIHSC
Theme: 20 years of Nurturing Head Start Children

Workshop Sessions: 1 ½ - 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 2:15 – 4:00 PM	3 rd Workshop Session 1:30 - 3:00 PM 4 th Workshop Session 3:30 – 5:00 PM	9:00 Am General Session Brunch - Closing

*****Reminder the Coalition does not have equipment for use during the conference*****

I am choosing to do training at the Pre-Intensive on Monday: _____

I choose to Present: Day: _____ Time: _____

Will do a Repeat: Day: _____ Time: _____

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: May 1, 2010

Mail or Fax Proposals to: **Viola Wood** Fort Peck Head Start P O Box 1027 59255 FAX: 406-768-5592