



Workshop Planner

Service Requested: *(Please check one)*

- Workshop**
- Student Assembly**

Contact Name: _____ Title: _____

School District _____ Campus _____

Email _____ Phone(w) _____ (cell) _____

Date of Request _____

Workshop Topic _____

Training Date _____ Optional dates _____

Starting Time _____ Ending Time _____

Location of Workshop _____

City _____ Address _____ Zip Code _____

Audience _____ # of Participants _____

School is asked to provide: Infocus projector, (optional) screen, speakers, microphone, registration table, room setup with tables and chairs (clusters or classroom style). If AV equipment is not available, Region 10 will make necessary arrangements.

Criteria for School Assemblies: one teacher/adult to remain with each class during the presentation. AV Needs: Infocus projector (optional), microphone, speakers, and screen.

Please complete and return this form at least 2 weeks in advance of the requested presentation.

linda.tinsley@region10.org or fax to 972-231-9209

To be completed by Region 10 staff only

Region 10 Consultant assigned to conduct workshop _____

- Entered in Scheduling System
- Confirmed speaker
- Materials – handouts, agenda, sign-in sheets, name tags, evaluations, certificates, door prizes, etc.

Revised 7/30/08

