



**2008 North East Regional Volunteer Forum**  
**Preliminary Workshop Inquiry Form**

Name and Title of Workshop Presenter \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Workshop Dates: (Please circle preferred time of workshop)

**Friday, 24 October 2008**

9:00 A.M. - 10:30 A.M.    **OR** 10:45 A.M. - 12:15 P.M.    **OR** 9:00 A.M. **OR** 12:15 P.M. (*DOUBLE SESSION*)

**Saturday, 25 October 2008**

9:00 A.M.-10:30 A.M.    **OR** 10:45 A.M.-12:15 P.M    **OR** 1:00 P.M. - 2:30 P.M.  
**OR** 9:00 A.M.-12:15 P.M. (*DOUBLE SESSION*)    **OR** 9:00 A.M.-2:30 P.M. (*FULL DAY*)

PLEASE USE REVERSE SIDE, IF YOU NEED MORE ROOM.

1. Best time to reach you and where?
2. Preferred number of participants: (minimum/maximum):
3. Title of your workshop:
4. Brief description of workshop (overview of content, how participant will be included, what participants will be able to do when workshop is complete).
5. Describe the techniques/methods you will use to conduct the workshop (lecture, hands-on combination).
6. Have you previously conducted this or a similar presentation to teens? When, where and how many? What group?
7. Is there any material fee or other expenses to reimburse?
8. Any special room arrangements or equipment needs (indoor, outdoor, extra space, etc.):

\_\_\_\_\_ Classroom Style                      \_\_\_\_\_ Theater Style                      \_\_\_\_\_ Other Setup

Contact Individual \_\_\_\_\_ Telephone \_\_\_\_\_