

**Workshop Proposal Form**

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Proposed Workshop Title**  |
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|  **Workshop Description (including how it links to the symposium theme) 150 words maximum** |
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| **Proposed speakers/facilitators/moderators, etc.** |
| Name:  |
| Title/Brief Bio:  |
| Name: |
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| **Please outline below the agenda for the 90-minute workshop [e.g. welcome & introductions (5 mins), presentation (10 minutes), break-out groups (20 mins), etc.]** |
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| **What would participants learn from your workshop? How do you see this information being useful for participants in their day to day work? What outcomes would you hope to produce?** |
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| **Describe space (e.g. theatre or classroom) and set-up requirements (e.g. chairs only, tables, semi-circle, etc.)** |
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| **What access to audio-visual equipment is required (e.g. internet, microphone, flipchart & markers, projector & screen, etc.)?** |
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**Submission of Proposals**

Send your completed proposal to Carolyn Whiteway at carolyn@acic-caci.org by **4pm on** **May 12th**. If you have any questions, please contact the office at the same email address or by phone at 902.431.2311.