



WORKSHOP PROPOSAL

City College of San Francisco
33 Gough Street
San Francisco, CA 94103
Tel:(415) 241-2356, Fax:(415) 241-2334

<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	Entered _____
Faxed: Audio: _____ Broadcast: _____ ITS: _____			Fee: _____

You are invited to submit proposals that address the conference theme, and relevance to instructional development as well as professional development. Presentations will be accepted on the basis of the proposal. We will do our best to accommodate all requests. However, due to time constraints, there may be scheduling conflicts. To avoid this, please consult with your colleague(s) prior to submitting your proposal(s).

1.	Main Presenter's Name:	Phone:
	Workshop Title:	

2.	Attach 1-2 paragraph description of your workshop to be printed in the program booklet. Include presenter's name and title.
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3.	Type:	<input type="checkbox"/> Technology Related	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Financial Related	<input type="checkbox"/> Diversity Related	<input type="checkbox"/> General Meeting
	Time:	<input type="checkbox"/> Open <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> I can only present at (Specify Time):				
	Hours:	<input type="checkbox"/> 1.0 hour <input type="checkbox"/> 2.0 hours <input type="checkbox"/> 3.0 hours <input type="checkbox"/> Other:				
	Location:	<input type="checkbox"/> Any room is fine <input type="checkbox"/> I must be in Room#: _____ <input type="checkbox"/> I have reserved Room#: _____				
	Pre-Reg.:	<input type="checkbox"/> No <input type="checkbox"/> YES - Maximum # of Participants Allowed: _____ (we do not prereg if over 25 participants)				

4.	WORKSHOP FOCUS (REQUIRED BY STATE CHANCELLOR'S OFFICE)	
	<input type="checkbox"/> Course instruction & evaluation <input type="checkbox"/> Staff development, in-service training & instructional improvement <input type="checkbox"/> Program & course curriculum or learning resource development & evaluation <input type="checkbox"/> Student personnel services <input type="checkbox"/> Learning resource services	<input type="checkbox"/> Related activities, such as student advising, guidance, orientation, matriculation services, & student, faculty & staff diversity <input type="checkbox"/> Department or division meetings, conferences & workshops, & institutional research <input type="checkbox"/> Other duties as assigned by the district <input type="checkbox"/> The necessary supporting activities for the above <input type="checkbox"/> Other

5.	**SKIP THIS SECTION IF YOU DO NOT NEED EQUIPMENT**	
	AUDIO/VISUAL NEEDS:	<input type="checkbox"/> Overhead Projector (transparencies)/Screen <input type="checkbox"/> LCD Projector (computer hookup)/Screen <input type="checkbox"/> TV/DVD <input type="checkbox"/> TV/VCR <input type="checkbox"/> Slide Projector <input type="checkbox"/> Screen <input type="checkbox"/> Flipchart/Markers/Eraser <input type="checkbox"/> Other:
	COMPUTER NEEDS:	<input type="checkbox"/> Hands-On Session in Computer Lab (requires computers for participants). See Software requirements below.
	Presentation is:	<input type="checkbox"/> A Demo (requires computer for presenter only w/a projection unit) <input type="checkbox"/> Schedule me in one of the Rosenberg Library's Multimedia Rooms. <input type="checkbox"/> Schedule me in (location/room#): _____
	Platform:	<input type="checkbox"/> MAC <input type="checkbox"/> IBM-style PC <input type="checkbox"/> Either
	Laptop:	<input type="checkbox"/> I will bring my own. <input type="checkbox"/> I need to borrow one (Will pick up and return. Contact Jill Kersey 452-5413.) <input type="checkbox"/> I will need an Internet connection for my laptop. <input type="checkbox"/> Other:
	Hardware Required:	<input type="checkbox"/> ComWeb System (ComWeb allows presenters to show their screen directly on all participants' computer screens as an alternative to projection). <input type="checkbox"/> Web4 <input type="checkbox"/> Internet for presenter only <input type="checkbox"/> Internet for all computers <input type="checkbox"/> Zip Drive <input type="checkbox"/> Floppy Drive <input type="checkbox"/> Other (Please describe: e.g. sound card/speakers/ DVD drive/scanner...):
	Software Required:	<input type="checkbox"/> PhotoShop <input type="checkbox"/> Banner <input type="checkbox"/> MS Internet Explorer <input type="checkbox"/> MS Office: Word/ Excel/PowerPoint/Access <input type="checkbox"/> Other:
		If the software you've requested is not available, can you supply legal copies of the software for all participants in your presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Comments:</u>
	Training:	<input type="checkbox"/> No, I do not need training <input type="checkbox"/> Yes, I will make an appointment with the Help Desk (239-3711) for training prior to presentation.

Main Presenter's Name: <i>(Please list all presenters/attach separate list)</i>					Total Fee:
CCSF Employee? <input type="checkbox"/> Yes	Mailbox:	Work Phone:	Fax:	Email:	
Presenter's Title (to be published):					
Company/Organization Name (If not CCSF):					
Address:					
Contact Person:					Contact Phone:

Co-Presenter's Name:					
CCSF Employee? <input type="checkbox"/> Yes	Mailbox:	Work Phone:	Fax:	Email:	
Presenter's Title (to be published):					
Company/Organization Name (If not CCSF):					
Address:					
Contact Person:					Contact Phone:

Co-Presenter's Name:					
CCSF Employee? <input type="checkbox"/> Yes	Mailbox:	Work Phone:	Fax:	Email:	
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Contact Person:					Contact Phone:

Co-Presenter's Name:					
CCSF Employee? <input type="checkbox"/> Yes	Mailbox:	Work Phone:	Fax:	Email:	
Presenter's Title (to be published):					
Company/Organization Name (If not CCSF):					
Address:					
Contact Person:					Contact Phone:

*******Attach your WORKSHOP DESCRIPTION*******