



WORKSHOP PROPOSAL FORM

Please Write Legibly

Date:	
CRN#:	
Event:	

Main Presenter's Name:		Email:
Main Presenter's Job Title (to be published):		
Company/Organization Name/ Department		
Main Contact Person:		Best Contact Phone #:
Contact Mailing Address:		Email:
2nd Presenter's Name:		Email:
2nd Presenter's Job Title/Organization (to be published):		
3rd Presenter's Name:		Email:
3rd Presenter's Job Title/Organization (to be published):		

(If more than 3 presenters, attach another sheet of paper listing names, job titles, & email addresses)

Presentation Date(s):		
Number of Hours:	<input type="checkbox"/> I can only present at (Specify Time):	
<input type="checkbox"/> I must be in Bldg/Room #:	<input type="checkbox"/> I have Reserved Bldg/Room #:	<input type="checkbox"/> Any room is fine
<input type="checkbox"/> Special Request:		

Workshop Type:	<input type="checkbox"/> Computer / Technology	<input type="checkbox"/> Staff Development / In-Service Training / Instructional Improvement	<input type="checkbox"/> Program & Course Curriculum, Learning Resource Services	<input type="checkbox"/> Course Instruction / Evaluation	<input type="checkbox"/> Meetings / Institutional Research	<input type="checkbox"/> Duties Assigned by District
	<input type="checkbox"/> Diversity	<input type="checkbox"/> Student Related Services, Advising, Matriculation, Orientation	<input type="checkbox"/> Supporting Activities for the Above	<input type="checkbox"/> Other (Explain):		

Workshop Title:
Workshop Description (Please attach another sheet of paper if you need more space):

Equipment Needs

FOR OFFICE USE ONLY

# of Credits:	<input type="checkbox"/> Flex Credit	<input type="checkbox"/> Independent Credit	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
NOTES:					

Please return to:

Office of Professional Development, 33 Gough Street, San Francisco, CA 94103 * (415) 241-2319 * Fax (415) 241-2347

Name: _____

Workshop Title: _____

EQUIPMENT NEEDS

Please indicate your equipment needs for your workshop. We will do our best to accommodate you. If you have any questions, need assistance, or have a special request for equipment not listed on this sheet, please contact the Audiovisual Department at (415) 452-5411.

PLEASE CHECK ALL THAT APPLY

<p><u>My Presentation Is:</u></p>	<p><input type="checkbox"/> A Demo: <input type="radio"/> Requires Computer for Presenter Only. <input type="radio"/> Requires Bldg/Room#: <input type="text"/></p> <p><input type="checkbox"/> Hands-On: <input type="radio"/> Requires Computer Lab for Participants. <input type="radio"/> Requires Bldg/Room#: <input type="text"/></p> <p><input type="checkbox"/> Lecture.</p> <p><input type="checkbox"/> Other: <input type="text"/></p>
<p><u>Audio / Video Needs:</u></p>	<p><input type="checkbox"/> Video Projector for Laptop / Notebook Computer. <input type="checkbox"/> Video Projector / Monitor for DVD. <input type="checkbox"/> Video Projector / Monitor for VHS. <input type="checkbox"/> Overhead Transparency Projector <input type="checkbox"/> Screen. <input type="checkbox"/> Chalk Board / Chalk / Eraser. <input type="checkbox"/> White Board /Dry Erase Markers / Eraser. <input type="checkbox"/> Flipchart / Paper / Markers. <input type="checkbox"/> Other: <input type="text"/></p>
<p><u>Software Requirements:</u></p>	<p><input type="checkbox"/> BANNER <input type="checkbox"/> Photoshop <input type="checkbox"/> MS Office: Word / Excel / PowerPoint / Access. <input type="checkbox"/> Other: <input type="text"/></p>
<p><u>I Will:</u></p>	<p><input type="checkbox"/> Bring my own Laptop / Notebook Computer. <input type="checkbox"/> Need to borrow a Laptop / Notebook Computer. <input type="checkbox"/> Need Internet connection. <input type="checkbox"/> Need training on the borrowed equipment - Please indicate: ➤ Best Contact Phone #: <input type="text"/> ➤ Best Email Address: <input type="text"/></p>

2/2012

Please return to:

Office of Professional Development, 33 Gough Street, San Francisco, CA 94103 * (415) 241-2319 * Fax (415) 241-2347