



January Professional Development



Workshop Proposal Form

(Please type)
Presenter/s:

Contact Information:

Phone: _____ E-mail: _____

Title of Session:

Description: Describe in a paragraph (2-4 sentences) the topic area and contents of presentation. Include what new skills, enhanced awareness, etc. that participants will “take away” from your session. This information will be used in our marketing materials.

Length of Session: Length of sessions will vary. Please indicate the time you would prefer.
___ 20 minutes ___ 30 minutes ___ 50 minutes
___ other – indicate length _____

Location request: _____
(Please indicate if you have a specific room you would like to use for your session.)

Audio Visual Equipment Requests:

- ___ Overhead
- ___ Dry Markers/Chalkboard
- ___ Data Projector for computer presentation*
- ___ Other _____
- ___ 1/2" VHS/VCR/Monitor
- ___ Flip Chart/Markers

* If you plan to use a student center computer, you must have a DVD, CD, flash drive.

Any Special Requirements:

Return this completed form to your committee representative or Deanna Applehans by November 19
applehansd@uwstout.edu, Phone x2460 / Fax x3385, Outreach Services 140 VOCR.

Committee Representatives: Jada Schumacher, Pete Schlosser, Colleen Rogers, Doug Mell, Wendy Marson, Jana Reeg-Steidinger, Jane Henderson, Janice Coker, Donna Weber, Michelle Hamilton, Charlie Metelka, Deanna Applehans