

CAACE 2012

Connecticut Association for Adult and Continuing Education

WORKSHOP PROPOSAL FORM

Workshop Title (10 words or less): _____

Workshop Description and Expected Outcome: Please include your objectives and the expected outcomes of the workshop. What do you expect participants to learn? (Parts of this may be printed in the program. 75 words or less):

Subject area(s) covered: _____

Length of Presentation: _____ One hour after the _____ Two hours (Thursday only) Mandatory break first hour

Preferred Day: Thursday Friday Either Day
❖ We cannot guarantee a particular day, but every effort will be made to honor your preference.

Lead Presenter:

Name _____ Title _____
Program _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____
Email _____

Additional Presenter(s) (Please provide a complete list of all presenters):

- Name _____ Title _____
Program _____
- Name _____ Title _____
Program _____
- Name _____ Title _____
Program _____

Please submit proposals by December 1, 2011.

Please submit the AV Request Form and Presenter Request for CEUs when you submit the *Workshop Proposal Form*. Submit your forms to rfilkoff1@cox.net or mail to:

Risa Filkoff
56 Cambridge Drive
South Windsor, CT 06074
Phone: 860-604-2540