

# 2010 Workshop Proposal Application

Our Focus: The Child  
and  
Creciendo Juntos: Educadores, Niños, y Familias

**Chabot College, Hayward • March 13, 2010**

Please answer all questions and TYPE proposal. If application is not complete the committee may not be able to consider your proposal.

## 1. PRESENTER AND CONTACT (Information for Main Presenter) PRINT ONLY

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Last First Name Social Security Number

Title and Place of Employment

Mailing Address

City State Zip

Daytime Phone Evening Phone Fax number

Email Address

Check here if **you are CURRENT employee of Chabot/Las Positas Colleges or have ever been** an employee of Las Positas/Chabot College

**The honorarium for the workshop will be paid to the main presenter.**

## 2. ABOUT THE WORKSHOP

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Language(s) that you will do a presentation(s) English and \_\_\_\_\_ (list language)

Title of Workshop (maximum 6 words) \_\_\_\_\_

Co-presenter Name/s & Title/s (space is very limited)

**Brief Workshop Description for conference brochure/program** (2-4 sentences) (Marketing Your Workshop: Space is very limited and this is how the participants will know about your workshop) If written in Spanish or another language, please have someone else "read" what you wrote to check for accuracy. \_\_\_\_\_

**Target audience knowledge/interest level:** All \_\_\_ Introductory \_\_\_ Intermediate \_\_\_ Advanced \_\_\_  
Family Child Care \_\_\_ School Age \_\_\_ Preschool \_\_\_ Infant/Toddler \_\_\_

Would you be interested in presenting this workshop more than once? \_\_\_ Yes \_\_\_ No

Type of presentation: \_\_\_ Informative Lecture \_\_\_ Hands on Participation

Typical college classrooms have limited options. Rooms are set up with **student desk-chairs, small instructor table and lectern**. Open space, large tables and water **not** available in most rooms.

**Access to technology equipment is limited. We need to know in advance of your needs. We will contact you should we need more details and to confirm what we can supply. Please plan accordingly.**

Any special considerations or comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. RESUME AND BACKGROUND INFORMATION:**

Professional Experience: Current position: \_\_\_\_\_

How long? \_\_\_\_\_ If less than two years, list two previous positions \_\_\_\_\_

Professional Affiliations \_\_\_\_\_

Have you presented this workshop before? \_\_\_ No \_\_\_ Yes If yes, to whom and when? \_\_\_\_\_

Briefly describe the goals and objectives of the workshop and how it will benefit the attendees, the professional field and children. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to mention that would help the committee in making their decision?

\_\_\_\_\_  
\_\_\_\_\_

**Please return by February 11, 2010 to:**



**Valerie Ball  
Las Positas College  
3000 Campus Hill Drive  
Livermore, CA 94551**



**IF YOU WOULD LIKE AN ELECTRONIC APPLICATION PLEASE E-MAIL  
[vball@laspositascollege.edu](mailto:vball@laspositascollege.edu)**

**Any questions call: 925-424-1170**