

2011 Workshop Proposal Application

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

Chabot College, Hayward • April 2, 2011

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

Last First Name Social Security Number

Title and Place of Employment

Mailing Address

City State Zip

Daytime Phone Evening Phone Fax number

Email Address (please print carefully)

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

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

Title of Workshop (maximum 6 words)

Co-presenter Name/s

Brief Workshop Description for conference brochure/program (2-3 sentences **only**) (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.

What are the 3 main outcomes that a student/attendee will gain from attending your workshop?

1. _____
2. _____
3. _____

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 previous position _____

Professional Affiliations _____

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

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

Please return by February 18, 2011 to:



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



IF YOU WOULD LIKE AN ELECTRONIC APPLICATION PLEASE E-MAIL
yball@laspositascollege.edu

Any questions call: 925-424-1170