

24th Annual Shared Living & Adult Foster Care Conference

** Please be sure to include all required information for the conference planning committee to consider your proposal; including presenter resume, bio and photo. We thank you very much for your thoughtful submission; we will contact you upon review of all proposals. **

WORKSHOP PROPOSAL PACKET

Workshop Title: _____

Course Description: _____

Brief outline of workshop content: (Use additional sheets if necessary) _____

Workshop Learning Objective: _____

Principal workshop leader Name _____

Title _____

Address _____

Telephone _____ Email _____

Fax No. _____

Web link _____

Presenter available: All Day: _____ ½ Day (give specific time) _____

Co facilitator Name _____

Title _____

Address _____

Telephone _____ Email _____

Fax No. _____

Web link _____

Presenter available: All Day _____ ½ Day (give specific time) _____

Anticipated Audio/Visual Equipment:

_____ None	_____ Screen
_____ Flip Chart	_____ VCR/DVD Machine
_____ Phone Line	_____ Monitor
_____ Overhead Projector	_____ LCD Projector
_____ Microphone	_____ Other

*Presenters are expected to provide their own computer/laptop.

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Presenter (s) Biography (Please also attach a copy of presenter (s) resume and photo (s) :

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

Forward completed form and attachments to:

Debra Schnare

Nonotuck Resource Associates

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Email: Schnare@Nonotuck.com

Please submit by June 2, 2017