

**CASC FALL WORKSHOP APPLICATION 05-06**

To be considered to present a workshop at the FALL LEADERSHIP CONFERENCE, you must complete this application prior to the deadline stated below. *Applications that do not follow the guidelines will not be considered.*

**Application Procedures:**

- Submit a typed application by 3 p.m. on **Friday, October 14, 2005**.
- Email (type and attach) to [b11sjone@ci.manchester.ct.us](mailto:b11sjone@ci.manchester.ct.us) or Fax to (860) 646-3727.
- Complete each section of the application completely.

Workshop Name & Topic Area: \_\_\_\_\_

Presenter Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Adviser Name: \_\_\_\_\_ School: \_\_\_\_\_

Co-Presenter Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Adviser Name: \_\_\_\_\_ School: \_\_\_\_\_

**Workshop Information:**

- Each workshop is 50 minutes will need to be 50 minutes in length.
- Each workshop must have a handout for each participant and the advisers.

**ICEBREAKER**

Please describe the icebreaker that will open the workshop. Be specific.

---

---

---

**CASC FALL WORKSHOP APPLICATION 05-06.**

**MAIN ACTIVITY**

Please describe the main activity that will make up the body of the workshop. Be specific.

---

---

---

---

---

**PROCESSING**

Please list the questions you will use to help students process the experience. Be specific.

---

---

---

---

---

**HANDOUTS**

Please attach a copy of the handout you will provide to the participants and advisers in attendance.

**MEDIA/AV EQUIPMENT**

Please indicate what audio/visual equipment you will need.

Television       Video Tape Player       DVD Player

Stereo       Overhead Projector       Digital Projector

For Office Use Only

REC'D \_\_\_\_\_ ACCEPTED \_\_\_\_\_ ROOM \_\_\_\_\_

REJECTED \_\_\_\_\_ REASON: \_\_\_\_\_

---