Workshop Form – Expanding Your Horizons - 37th Annual – April 9, 2016
Please complete this form (even if not able to lead a workshop so that you are not called) and return by Monday, October 23, 2015, to Karen Murie, EYH Coordinator at NDSU, by email attachment (karen.murie@ndsu.edu) or fax (701-231-7016).

Please complete this section if you are not able to participate in the April 9, 2016 Expanding Your Horizons
  _____ Please contact me for future conferences (please add your name and address below)
  _____ Please remove my name from your mailing list
Name: __________________________________________________________________________
Address & Email Address: ____________________________________________________________

Please complete this section if you are able to participate in the 2016 Expanding Your Horizons Conference

Title of Workshop (please limit to 5 words or less) ____________________________________
Description (please limit to 20 words or less): ________________________________________

Contact information (this person will be the main contact for the above presentation):
Name __________________________________________ Email ________________________________
Work Phone ________________________________ Cell Phone ______________________________
Mailing Address ___________________________________________________________
We ask that you have assistants for your workshop. Please list all others who will be helping with the above workshop (and their email and phone number):
________________________________________________________________________________
________________________________________________________________________________

Please list any organizations contributing to your workshop ________________________________

Please indicate where you plan to hold your workshop and the time of workshop. It is preferred that your workshop be on a campus. Please remember that transportation is an issue, so will find a location if you can offer the workshop on a campus. If it is off-campus, you must do a 2-hour workshop (which may not be a full 2 hours because of transportation time) and must be approved by Director Karen Murie.
Indicate your possible workshop times and location (and indicate in one or two hour workshop):
NDSU or MSUM or Concordia:
  1st AM: _____ 3rd PM: _____ Location – building & room: ________________________________
  2nd AM: _____ 4th PM: _____ _______________________________________________________
VA:
  AM (2 hour workshop) _____ Location & Room Number: ________________________________
  PM (2 hour workshop) _____
Essentia:
  AM (2 hour workshop) _____ Address & Room Number: ________________________________
  PM (2 hour workshop) _____ ________________________________
Sanford:
  AM (2 hour workshop) _____ Address & Room Number: ________________________________
  PM (2 hour workshop) _____ ________________________________

Please indicate number of girls per session: Desired number _____ Maximum number _____