2010 SLRE Green Living Festival

Workshop Presentation Application

Presenters must complete a Workshop Presentation Application for each presentation.

Name of Speaker: _____

As you would like it printed in all marketing material - Please include professional designations

Name of Organization: _____

Job Title: _____

Mailing Address: _____

Contact Info: Phone _____ Cell _____
FAX _____ Email _____

Proposed session title:_____
Please make it descriptive of the topic.

List at least 3 key benefits/learning objectives of your proposed workshop.

1. _____
2. _____
3. _____

Session Description: To be used in promotional materials. This section may be edited to 50 words for space constraints.

Please submit the completed form to:

Steven R. Lewis, Ed.D.
Extension Educator
P.O. Box 338
Minden, NV 89423
775-782-9960
775-782-9968 fax
lewiss@unce.unr.edu

Thank you!