2008 MRS TRAINING PROPOSAL FORM

STEP 1: ABOUT YOU

Presenter Name: _____

Title: _____ Credentials (MSW, etc.): _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Fax: _____

E-mail (please print): _____

Please provide a short biography of your applicable back ground and experience to be given to all of our Institute participants (200 words or less): _____

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STEP 2: ABOUT YOUR TRAINING WORKSHOP

Title (Please provide an accurate, succinct, descriptive title – incorporate theme if possible):

_____

Description (50-100 Words for the Program Brochure – incorporate theme if possible):

_____

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_____

_____

Learning Objectives and Desired Outcomes (Please complete answer the following statements):

1. After this training, participants will value:
   a. _____
   _____
   b. _____
   _____

2. After this training, participants will have additional skills in:
   a. _____
   _____
   b. _____
   _____

3. After this training, participants will know:
   a. _____
   _____
   b. _____
   _____

Target Audience (Who will most likely benefit from your workshop? Check all that apply):

☐ Line Staff ☐ Supervisors ☐ Managers ☐ Appropriate for All Staff
☐ Beginners ☐ Intermediate ☐ Advanced ☐ Appropriate for All Learners

Methodologies to Accomplish Objectives (Please check all that apply):

☐ Skill Focused Exercises ☐ Audience Participation ☐ Other: _____
☐ Panel Discussion ☐ Question and Answer _____
☐ Demonstration ☐ Lecture _____

STEP 3: LOGISTICS ABOUT YOUR WORKSHOP

Length of Workshop (Indicate your 1st and 2nd preference below):

____ 1.5 hours in length (8/18/08) ____ 6.00 hours in length (8/19/08)
____ 3.0 hours in length (8/19/08) ____ 2.75 hours in length (8/20/08)

Equipment Needed (We do not provide computers. Check all that apply):

☐ Flip Chart & Markers ☐ Overhead Projector (for transparencies)/Screen
☐ Screen (bringing own equipment) ☐ LCD Projector (for use with your computer)/Screen
☐ TV/VCR ☐ TV/DVD
☐ Other: _____

Number of Participants for your Program:

☐ Yes. Workshop size should be limited to ____.
☐ No restriction of number of participants.

Arrangement of Room Preference (subject to limits of facility and program):

☐ Classroom ☐ U-Shaped
☐ Full Rounds ☐ Tables in Square
☐ Other: _____

STEP 4: CO-PRESENTER INFORMATION (COPY THIS PAGE AS NEEDED)

Primary Presenter Name (from Step One): _____

How many total co-presenters will there be? _____

Co-Presenter Name: _____

Title: _____ Credentials (MSW, etc.): _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Fax: _____

E-mail (please print): _____

Please provide a short biography of your applicable back ground and experience to be given to all of our Institute participants (200 words or less): _____

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Proposal Deadline is April 11, 2008
Fax to 336-454-8522