



# “Hands for Peace” Conference

## Workshop Proposal

**Feb. 25-26, 2011**

**Litchfield Beach and Golf Resort – Pawleys Island, SC**

Name: \_\_\_\_\_ Co-Presenter (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

All correspondence will be via e-mail unless otherwise stated here \_\_\_\_\_

What is the title of your presentation? \_\_\_\_\_

Please provide a brief description of your presentation (50 words or less) for the conference brochure.

\_\_\_\_\_

\_\_\_\_\_

Please list the learning objectives for your workshop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Bio (40 words or less) for the conference brochure \_\_\_\_\_

\_\_\_\_\_

Format of your presentation: Lecture \_\_\_ Discussion \_\_\_ Hands-on \_\_\_ Movement Required \_\_\_ Music \_\_\_

Preferred presentation day: Fri. \_\_\_ Sat. \_\_\_ (Max number of participants will be determined by room space & format of workshop)

Preferred workshop session length: 60 minutes \_\_\_ 90 minutes \_\_\_

Members of your target group: All \_\_\_ Infants/Toddlers \_\_\_ Early Childhood \_\_\_ Lower Elementary \_\_\_  
Upper Elementary \_\_\_ Middle School \_\_\_ Administrative \_\_\_ Parents \_\_\_

Please indicate which items you will need for your session. **We will make every effort to accommodate your request, but in certain circumstances it may not be possible.**

- |   |  |
|---|--|
| <input type="checkbox"/> Screen (front view)      | <input type="checkbox"/> Microphone              |
| <input type="checkbox"/> Flip Chart with markers  | <input type="checkbox"/> Tables for participants |
| <input type="checkbox"/> White Board with markers | <input type="checkbox"/> Special Requests _____  |

**Please note: MEPI Does NOT PROVIDE COMPUTERS**

**MEPI can arrange for LCD projector rental. To secure an LCD for your workshop usage, please enclose a \$35 (non-refundable) fee . No thanks – I will not need an LCD projector \_\_\_\_\_ \$35 enclosed \_\_\_\_\_**

**The room set-up will be at MEPI's discretion.** Your workshop area will be configured to the type of workshop you are presenting ie; lecture, movement, hands-on, art, etc. The room in which your session will be held will also be used by other presenters throughout the day and will be set accordingly for **all** workshops. Please complete this form carefully because last minute room changes will not be possible.

*In appreciation for your participation , we would like to offer **one** free conference attendance plus any meals served at the conference. If two persons co-present, two workshops must be given in order for both to be eligible for this benefit. Thank you!*

Will you be attending the rest of the conference? \_\_\_yes \_\_\_no \_\_\_not sure

Will you be joining us for meals? \_\_\_yes on Friday \_\_\_yes on Saturday \_\_\_no thanks

\_\_\_\_\_  
Signature Date

**Please send completed form to: MEPI, PO Box 24085, Overland Park, KS 66283 or e-mail: MontessoriEPI@gmail.com**