

IL YM WORKSHOP PRESENTER INFORMATION FORM

2008 Theme: Ministries of Reconciliation

Title of Workshop:

Name of Workshop Leader:

Contact Information (Address, phone, email):

Brief Description of Workshop (relating to the theme is welcome, but not essential):

Please note: Workshops are scheduled for the afternoon from 2:30 – 3:45.

Day(s) workshop will be presented: (please circle) Thursday 6/19 Friday 6/20 Saturday 6/21

If the workshop is for more than one day, will it be a **continuous** workshop with participants expected to attend all sessions?

Are people free to join in on day 2 or 3 if they did not attend day 1?

Are participants free to attend other workshops on other days?

Will **identical sessions** be offered on more than one day?

Qualifications for attending:

Only women? Only men? Special age group? Do attenders need to bring anything with them or prepare? Is there a limit on the number of participants? Etc.

Special Equipment or Logistical Needs:

Are tables, TV/VCR, slide projector, chalkboard, flip chart, electrical outlet or any other equipment needed for this workshop?

Contact for more information and return this form as soon as possible, and no later than Friday, April 4, 2008, to:

Cathy Garra
2540 Ridgeway Ave.
Evanston, IL 60201
847/864-3218

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Thanks!