



Workshop Application

(Share a Treasure)

Fairmont Montebello – Montebello, Québec

Name		Designation(s) (CTM, CL, ATM-B, etc.)	
Mailing Address			
Home Phone		Work Phone	
E-mail		Fax	
Club Name		Club Number	
Workshop Title :			
Goal of the Workshop : (Be descriptive. Your application will be evaluated on this,)			
Workshop summary: (for advertising use, 60 words maximum)			
Equipment: Lap top, projector and flip chart will be supplied, any other equipment is your responsibility			
Room setup: Theatre (rows of chairs)			
Your preferred period to present your workshop: The committee will consider your preference; however, it cannot be guaranteed.			
Friday	<input type="checkbox"/> Night		
Saturday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Sunday	<input type="checkbox"/> AM		

Is this the first workshop you present at a Toastmasters event?

Yes No If not, how many workshops have you presented? _____

Name of the person that will introduce you and your workshop:

It's your responsibility to find one

Please submit the name of your presenter as well as a copy of the presentation speech.

This person must also act as your timekeeper.

Name		Phone number	
------	--	--------------	--

Email	
-------	--

Notes:

1. Maximum workshop length is **40 minutes** including questions and answers.
2. You must register for the conference to present a workshop.
3. **You cannot be a contestant in contests at the Conference.**
4. If your application is accepted, the committee will advise you in writing within a couple of weeks of February 21, 2010

Please submit this application for presenting a workshop no later than February 21st , 2010. **(Please send your picture with the application – must be 300 dpi resolution, ideally in jpg format.)**

Cathy Tovey, DTM
Chair English Workshop

Phone: 613-259-9985 (evening)

E-mail: cathy.tovey@ottawa.ca