

Form I (The Blue Form)

Please check one:

ADULT WORKSHOP

GIRL'S WORKSHOP

Mail to: Shari Bookstaff
Skyline College
3300 College Drive
San Bruno, CA 94066
(650) 738-4250

Or FAX: (650) 738-4299
Or email: case@smccd.edu

**Please return this form no later than
November 1st**

Your Name _____

Title of Workshop _____
(Try to make it short and catchy!)

Short Description of Workshop. Make sure that a hands-on activity is planned. 5-20 words for publication in conference brochure:

List all presenters for your sessions.

Primary contact _____

Use additional copies of Form I to provide the following information for each presenter.

Title _____

Company _____

Address _____

City _____ Zip _____

Work phone (____) _____

Email address _____

Home Address _____

City _____ Zip _____

Home phone (____) _____

Preferred mailing: Office Home

Yes, I would like a letter sent to my supervisor about my participation.

Name of Supervisor: _____

Title of Supervisor: _____

Address if different from your work address: _____
