

**Form I (The Blue Form)**

**Please check one:**

ADULT WORKSHOP

GIRL'S WORKSHOP

Mail to: Tiffany Reardon  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
(650) 738-4244

Or FAX: (650) 738-4299  
Or email: reardon@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: \_\_\_\_\_

\_\_\_\_\_