Workshop Presenter Request Form

Presenter Name(s):__________________________________________

Mailing Address: ____________________________________________

City: ___________________ Zip: ________________________________

Phone: ___________________ Work: ____________________________

Fax: ___________________________ Cell: __________________________

E-mail: ____________________________________________________

Please join us for lunch. _____ Yes _____ No

Workshop Title: _____________________________________________

• Please keep in mind your audience will mainly consist of high school students
  • Average of 20 students per session

Please select your presentation sessions:
(Session schedule may slightly change as we prepare and finalize conference agenda)

_____ 10:20 – 11:00 (Session I)

_____ 11:10 – 11:50 (Session II)

_____ 12:00 – 12:40 (Session III)  
12:30 (Lunch)

Workshop Description:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Equipment (Technical) Request: (WILL ACCOMMODATE AS POSSIBLE)
________________________________________________________________________

Return by FRIDAY, FEBRUARY 28th for program publication; limited space for 20 workshops; please send your form at your earliest convenience.

ATTN: Claudia Ramirez, Hispanic Education Conference
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Questions? (209) 575-6698