

MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

Your Community. Your College. Your Success

Community Extension Workshop Proposal

Thank you for your interest in leading a Community Extension workshop. Please fill out this form completely and return it to us at the address below. Your answers will help us with the cost development for your workshop.

WORKSHOP INFORMATION:

Workshop Title:			
Workshop Description:			
Anticipated audience:			
Workshop Presenter: (plea	ase include a resume.)		
Name(s):			
Mailing Address:			
City:	State:	Zip:	
Email address:			
	ee?		
Qualifications to lead this	workshop:		
Two References:			
1			
2.			

WORKSHOP TIME AND LOCATION: Campus Location: (circle one) Ukiah Willits Lake Fort Bragg Other location: _______ Workshop session length: _____hrs. Meetings per week: ____ Number of weeks: ____ Preferred dates and times: Second choice dates and times: Note: Our most successful times during the week are in the evenings, late Friday afternoons, or Saturdays. We are unable to hold workshops on Sundays. Typical classrooms can accommodate 20-40 participants. **WORKSHOP REQUIREMENTS: Prerequisites:** Materials required: Classroom /Equipment needs: Maximum number of participants: _____ Minimum number of participants: Signature: _____ Date: _____

OFFICE USE ONLY:

DEAN'S APPROVAL:	Date:	