Title/Topic

Subject Matter Covered

Workshop presenter/contact person

College/Business/Agency

Office/Street Address

City/State/Zip

Phone

E-mail Address

Number of Participants/Session

Target Audience (age, experience level, etc.)

Objectives/Goals:

Workshop Description:

Method(s) used (computer, panel, tour, hands-on, etc.):

Check the option you prefer:

**Option 1:** Continued 3-day workshop (same participants with topic more in depth each day, meeting at each of the 3 days/times listed below).

**Option 2:** Continued 2-day workshop – please explain above and check the days below

Tuesday  Wednesday  Thursday

**Option 3:** Share how many sessions you are willing to present; if more than 1, number then with “1” being the most preferred.

Single day workshops – select boxes as needed below:

Number of workshops you are willing to present

June 27, 2017: approximately 3:15 – 4:45 p.m.

June 28, 2017: approximately 1:15 – 2:45 p.m.

June 29, 2017: approximately 9:15 – 10:45 a.m.

Submit proposals and questions to:

**Lexa Janes**

1259 Stange Rd., Ames, IA 50011-1002

515-294-1017 (phone) 515-294-1047 (fax)

lmjanes@iastate.edu

*Only one workshop per form, please. Thank you!*