

◆ ◆ ◆ ◆ **2019 WESTERN REGIONAL WIOA TRAINING** ◆ ◆ ◆ ◆

**February 18 - February 22, 2019**

Albuquerque Marriott | 2101 Louisiana Boulevard, Albuquerque, NM 87110

**WORKSHOP PRESENTATION PROPOSAL**

**DEADLINE FOR SUBMITTAL: OCTOBER 26, 2018**

Workshop Title:		
Workshop Description:		
Length of Workshop Session: <input type="checkbox"/> 1½ hours <input type="checkbox"/> 3 hours Preferred Date(s): <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Are you willing to repeat session? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Presenter's Name:	Title/Position:	
Grantee/Company/Agency:		
Mailing Address:		
City:	State:	Postal Code:
Email Address:		Daytime Phone:
Additional Presenter's Name:	Title/Company:	
Additional Presenter's Name:	Title/Company:	
Additional Presenter's Name:	Title/Company:	
<b><u>Presenter Agreement:</u></b> <i>I hereby affirm that none of the material presented in my presentation, to my knowledge, infringes upon the copyright or right of privacy of others, and that material which references work of others will be properly credited to that source. Further, I will not misrepresent, libel or slander, any other person, facility, service or product during the course of my presentation. If such affirmation is breached, I will indemnify and hold harmless Western Regional WIOA Training and the Casino Del Sol Resort, its officers, directors, employees, and representatives, from and against any actions, losses, costs, damages, claims, and expenses including attorney's fees.</i>		
_____ Presenter's Signature		_____ Date

<u>Audio-Visual/Training Needs</u> <input type="checkbox"/> Microphone <input type="checkbox"/> Flipchart <input type="checkbox"/> Laptop <input type="checkbox"/> Table <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> DVD Player <input type="checkbox"/> Bringing own AV <input type="checkbox"/> VCR <i>Please bring your own equipment if possible. Thank you.</i>	<u>Preferred Room Set-Up</u> <input type="checkbox"/> Classroom <input type="checkbox"/> Theatre <input type="checkbox"/> Rounds <input type="checkbox"/> U-Shape Table <input type="checkbox"/> U-Shape No Table <input type="checkbox"/> Other _____	<u>Handouts/Printed Material</u> Presenter <input type="checkbox"/> will <input type="checkbox"/> will not have handouts. <input type="checkbox"/> Available in electronic format <input type="checkbox"/> Available in hard copy only <input type="checkbox"/> Need handouts reproduced (provide handouts to be reproduced by email or hardcopy)
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Please submit Workshop Presentation Proposal to Bree Marshall by **October 26, 2018**, Phoenix Indian Center, Inc., 4520 North Central Avenue, Suite 250, Phoenix, AZ 85012.  
Submit to: Email: [bmarsshall@phxindcenter.org](mailto:bmarsshall@phxindcenter.org) or Fax: (602) 274-7486.  
For information, call (602) 264-6768 and ask for Bree.