**Summer 2018 APOST Bi-Annual Conference**

**Friday, June 15, 2018**

**Time and Location TBD**

**Workshop Proposal Application**

Deadline for Submission: Friday, April 6, 2018

Notification of Decision: By April 27, 2018

Download form, type responses, save, attach to email (subject line: “Workshop Proposal Application”) and send to: APOST at APOST@unitedwayswpa.org

Before completing the form, please consider:

* The conference targets youth workers (professionals who work with youth) in out-of-school time or summer settings. This includes frontline staff, program managers, executive directors, mentors, etc.
* APOST is looking for depth of experience and expertise, rather than breadth
* The workshop size will be capped at 30 people maximum
* A PQAS number or prior approval is not required
1. Primary Presenter (All correspondence will be sent to the primary presenter)

|  |  |
| --- | --- |
| Name |  |
| Position/Title |  |
| Organization |  |
| Address |  |
| Work Phone |  | Cell Phone |  |
| Home Phone |  | PQAS Number |  |
| Email |  |
| Education Level |  |
| Short Biography(background, qualifications, work experience in area you will be presenting) |  |

1. Co-Presenter (if applicable):

|  |  |
| --- | --- |
| Name |  |
| Position/Title |  |
| Organization |  |
| Address |  |
| Work Phone |  | Cell Phone |  |
| Home Phone |  | PQAS Number |  |
| Email |  |
| Education Level |  |
| Short Biography(background, qualifications, work experience in area you will be presenting) |  |

1. Workshop Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Workshop Learning Objectives (no more than 3):

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1. Workshop Description (50 words or less; to be used in conference promotional materials):

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1. Is this a PQAS-approved workshop? Yes  No 
2. Have you given this presentation before? Yes No 
3. Level of Presentation: i.e. the level of expertise you expect your audience to have

Beginning  Intermediate  Advanced  All 

1. Target Audience

Directors  Supervisors  Frontline Staff 

1. Presentation Format

Lecture  Interactive  Panel Presentation  Roundtable Discussion  Other 

If “Other,” please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ideal Room Arrangement: workshop rooms will be arranged classroom style. Presenters may be able to move furniture around as they see fit. What is your ideal room set-up? Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ideal Presentation Length

45 minutes  60 minutes  90 minutes  120 minutes 

1. A/V Request: do you need any audio-visual equipment? If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. General Time Preference (specific time blocks have yet to be decided upon): AM  PM 
3. Would you be willing to repeat the workshop during the day? Yes  No