

FACILITATOR'S PROFILE

Date:	(4) Available Presentation Dates:		
PRESENTER INFORMATION			
Title:	Last:	First:	MI:
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		
Preferred e-mail address:			
Alternate e-mail address:			
Please forward head shot (JPG, PNG, EMF, GIF, BMP) and a brief biography to nadkins@thenetworkroom.org PLEASE INCLUDE EDUCATION AND PROFESSIONAL WORK EXPERIENCES			
PRESENTATION INFORMATION			
Workshop Title:			
Preferred Audience:	Grade Level / Subject Area:	Approx. Length of Presentation:	
Description of Topic: (Include what participants will learn and how the information can be applied to their profession)			

Check equipment/materials needed for the presentation:

Laptop

SMARTboard

CD Player

Chart Paper

Handouts

(Must be submitted one week in advance)

Special Accommodations: (Be specific)

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Physician's Name:

Phone:

ADDITIONAL INFORMATION

▪ Please take a moment and list any additional workshops that you would be interested in facilitating:

▪ The Network Room, Inc. is always looking for highly qualified professionals to facilitate trainings and workshops. Please take a moment and list the names and contact information for any colleagues you think would be interested in providing professional development. Thank you!