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## 2010 FACCS Christian Educators' Convention Workshop Presenter's Application

October 7-8, 2010 · Orange County Convention Center, Orlando, FL

Please input your information into the blank fields below each field descriptor. Complete all applicable fields. Do not use all caps. If submitting more than one workshop, please use a separate form for each.

Last Name	First Name	Title (Dr., Mrs., Mr., etc)
Home Address	City, State, Zip	Home Telephone
E-mail Address	Educational Experience in Years	Highest Earned Degree
School/Organization Name	School/Organization Address	School/Organ. City, State, Zip
School/Organization Telephone	Web Site	Position at School/Organization

### Proposed Workshop Title in 10 words or less

### Workshop Category

*Please check below all categories that apply. Input Subject and Other*

Administrative	Early Ed.	Elementary	Secondary	Pastoral	Fine Arts	Athletics	Technology	Library	Office	Subject	Other

### Brief Description of Workshop (50 words or less)

### Brief Biographical Sketch (50 words or less)

### Available Speaking Day(s) (check below each available)

Thursday Morning	Thursday Afternoon	Friday Morning	Any Available Session

For my workshop, I would like to request tables for the attendees to use (availability is limited)

*I understand that: 1) submission of this form does not guarantee my workshop will be scheduled; 2) if my workshop is scheduled, I must cancel within 21 days of the convention; 3) I may use the workshop to advertise or sell a product or service, however I will not receive an honorarium if I do; 4) an overhead projector, screen, and two tables will be available my room; 5) any other needs must be supplied by me; 6) my workshop will be recorded unless I request otherwise.*

Insert initials here to verify that you have read the above statement of understanding: