



The Florida Association for Theatre Education, Inc.

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Workshop Presenter's Form

CONFERENCE '18:

REJUVENATE WITH FATE

October 11 – 13, 2018

Safety Harbor Resort and Spa

*Please send your form by June 10th to Executive Director Murray Mintz
by email or at the above street address.*

Your Name _____ Title _____

School or Company affiliation _____

Address _____ ZIP _____

Phone _____ FAX _____ Email _____

Are you or is your organization a member of FATE? _____ YES! _____ No

Presentations will be one hour and fifteen minutes.

Your presentation TITLE (short & catchy, please) _____

Presentation description to be printed in the program (sixty words or less)

Level(s): _____ Beginning _____ Intermediate _____ Advanced

_____ Elementary _____ Middle School _____ Secondary _____ College/University

Learning objectives (by end of session, what benefits can the audience expect to have received?)

Presentation methods:

We will make every effort to provide you with audio/visual equipment. Please be specific regarding your needs:

How would you like the physical set up of your room? Please be specific regarding your needs:

Please bring with you to the conference 30 – 50 copies of a handout for the people who will attend your presentation. This handout should include the essence of your presentation and identification information.

Are you willing to repeat your session if needed? _____ YES! _____ No

FATE is unable to compensate presenters who have their proposal accepted. Presentations will be made on a voluntary basis at the expense of the presenter.

In the space below (or on an attached sheet) please write a narrative of your proposed workshop/presentation or outline the material you plan to present. If others are presenting with you, please list their names, schools or affiliations and locations as they should appear in the program.

ALSO, please attach a brief bio for possible inclusion in the program.