

**Texas Alliance of Information and Referral Systems
2011 Annual Conference-Austin
October 3-5, 2011**

CEU Provider and Workshop Information Form

Name of Presenter _____

Degree(s), License #, or Certifications held

Name of Organization/Agency _____

Address _____
Mailing City State Zip

Contact _____
Telephone Fax e-mail

**** PLEASE SUBMIT A COPY OF YOUR RESUME OR VITA AND A SHORT BIO FOR YOUR INTRODUCTION (EXAMPLE ATTACHED) ALONG WITH THIS COMPLETED FORM ****

Title of Workshop _____

Course Objectives *(Please List)*

Course Content *(Please provide in 25 words or less a brief description of the workshop. This will be listed in the program.)*

Teaching Method(s) *(Please Check All That Apply)*
 Lecture PowerPoint Group Interaction/Participation Reading
 Handouts Other: Describe: _____

Equipment Required *(Please Note: Laptops **will not** be provided and powerlite projectors/overhead projectors will only be furnished on a limited basis. Please plan to bring your own equipment, if possible)*

Room Set Up – Workshop room will be set up classroom style unless otherwise specified.

Please return (including resume) by July 11, 2011:
Jacqueline Elmore * PO Box 1890 * Amarillo, TX 79174 * fax (806)372-2542
***phone (806) 322-2627**
Email: jacquelineelmore@calfarley.org

