

# SADFEST

## Workshop Application

### Contact Information

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Type of Workshop:

- Topic Discussion     Educational Presentation     Relaxation Technique     Family Based  
 Personal Experience     Creative Expression     Other

Date of Workshop Preferred: \_\_\_\_\_ Time Preferred: \_\_\_\_\_

Length of Time Needed: \_\_\_\_\_ Preferred Location: Grass Area Tent Pavilion Stage

Expected attendance: One on One 1 – 10 10-20 20-30 30+

Describe workshop:

*You may also be called to further explain your workshop. You can also send a separate document describing your workshop and include any materials you will be using.*

Previous Experience Hosting this Workshop:

By submitting this application, I understand that I may or may not be approved to host this workshop at SADfest 2016. All applications must be submitted by March 31st, 2016. If my application is approved, I am aware that my workshop will be added to the event program and advertised. If there is a possibility that I must cancel my workshop, I will do so by April 30, 2016.

Applicant Signature

Date