

Ohio Welfare Conference
Proposal for Presentation
114th Annual Forum
Holiday Inn, Worthington
October 27 & 28, 2004

Workshop Title: _____

Speaker(s): Please type or print name, social security number, title, employer, address and phone

1. Name _____ SSN _____

Title _____ Employer _____

Address: _____

Telephone: _____

2. Name _____ SSN _____

Title _____ Employer _____

Address: _____

Telephone: _____

If there are additional speakers, please include information on back.

Audience: Please indicate who would most benefit from or be interested in this workshop, i.e. caseworkers, supervisors, healthcare professional, social workers or administrators.

Audio Visual: Please indicate types of audiovisual equipment you will be bringing to use during your presentation so that we can ensure appropriate room assignment.

Deadline for returning this Proposal for Presentation is April 30, 2004. Please return the completed form to the OWC Committee Member listed below.

OWC Committee Member Name _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Please indicate your first and second preference for presenting your workshop by placing a "1" and "2" next to the time slot.

Wednesday	October 27	___ 1:00-2:30
		___ 2:45-4:15
Thursday	October 28	___ 8:30-10:00
		___ 10:15-11:45
		___ 2:15-3:45

Length of Workshop:

___ 1.5 hours ___ 3.0 hours

Are you willing to repeat this workshop? ___ Yes ___ No
If so, on the ___ same day or ___ alternate day?

Workshop Description: Please briefly describe your workshop. This description will appear in our program and/or registration materials to attract attendees.
