**2022 U.P. NONPROFIT CONFERENCE**

**Workshop Proposal Form**

Thank you for your interest in being a workshop presenter at the conference. Please complete this form electronically and submit it to Karen Wolf at kwolf@glcyd.org **by midnight Friday, August 26, 2022.**

|  |  |
| --- | --- |
|  | By checking this box, I confirm that I have read and understand the Call for Workshop Proposals. |

**Primary Presenter**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization  |  |
| Mailing Address |  |
| E-mail Address |  |
| Phone |  |

**Co-Presenter, if applicable (Limit of two presenters per workshop)**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization  |  |
| Mailing Address |  |
| E-mail Address |  |
| Phone |  |

**Workshop Title**

|  |
| --- |
|  |

**Please provide a brief description of your workshop that can be provided in promotional materials.**

|  |
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|  |

**Please list three primary learning objectives for the workshop.**

|  |
| --- |
|  |

**Target Audience Role (check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Nonprofit Staff |  | Nonprofit Board Members |
|  | Nonprofit Leaders |  | Nonprofit Volunteers |

**Audience Experience Level**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Introductory |  | Intermediate |  | Advanced |

**Preferred Presentation Time**

|  |  |
| --- | --- |
|  | Morning |
|  | Afternoon |
|  | No Preference |

**Would you be interested in presenting this topic more than once?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Are you able to present virtually if health restrictions require it?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**If this is your first request for presenting at the conference, please complete the section below.**

**Please describe your experience making presentations to larger groups or conferences.**

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| --- |
|  |

**Please provide us with a reference including the name, organization, phone, e-mail and your relationship.**

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|  |

Thank you for your submission!