



Mid-West and Eastern Multi-Regional Grantees

American Indian Center of Arkansas

1100 N. University, Ste 143
 Little Rock, AR 72207-6344
 (501) 666-9032
 (501) 666-5875 Fax

WORKSHOP PRESENTATION PROPOSAL

Workshop Presentation Information		
Workshop Title:		
Workshop Description:		
Length of Workshop Session: ___ 1 ½ hours ___ 3 hours Are you willing to repeat session: ___ Yes ___ No Preferred Date(s): ___ Monday ___ Tuesday ___ Wednesday		
Primary Presenter's Name:		Title/Position:
Grantee/Company/Agency:		
Mailing Address:		
City:	State:	Postal Code:
Email Address:	Daytime Phone:	Fax No.:
Additional Present's Name:	Title/Company:	
Additional Present's Name:	Title/Company:	
Additional Present's Name:	Title/Company:	
Presenter Agreement: I hereby affirm that none of the material presented in my presentation, to my knowledge, infringes upon the copyright or right of privacy of others, and that material which references work of others will be properly credited to that source. Further, I will not misrepresent, libel or slander, any other person, facility, service or product during the course of my presentation. If such affirmation is breached, I will indemnify and hold harmless MWEMRC, its officers, directors, employees, and representatives, from and against any actions, losses, costs, damages, claims, and expenses including attorney's fees.		
_____		_____
Presenter's Signature		Date

<u>Audio-Visual/Training Needs</u> <input type="checkbox"/> Microphone <input type="checkbox"/> Flipchart <input type="checkbox"/> Laptop <input type="checkbox"/> Table <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> DVD Player <input type="checkbox"/> Bringing <input type="checkbox"/> VCR <input type="checkbox"/> Own Equip Please bring your own equipment if possible. Thank you.	<u>Preferred Room Set-Up</u> <input type="checkbox"/> Classroom <input type="checkbox"/> Theatre <input type="checkbox"/> Rounds <input type="checkbox"/> U-Shape Table <input type="checkbox"/> U-Shape No Table <input type="checkbox"/> Other _____	<u>Handouts/Printed Material</u> Presenter __ will __ will not have handouts. <input type="checkbox"/> Available in electronic format <input type="checkbox"/> Available in hard copy only <input type="checkbox"/> Need handouts reproduced (provide handout to be reproduced by email or hard copy)
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Please submit Workshop Presentation Proposal to MWEMRC, Attn: Erwin Pahmahmie, P.O. Box 67, Concho, OK 73022 fax 405-422-8243, or email (scanned form) to epahmahmie@c-a-tribes.org; by October 1, 2017. For information call 405-422-7660.