**Lead Presenter:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Presenter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name, Title and Agency as it should appear in the conference program

**Please return this form in its entirety to mgent@pa.gov by March 30, 2018**

**Presenter Biography**

Lead Presenter: please include an approximate 50-word brief biographical

paragraph for the program book

Please email this form to:

 Rich Lepley (rlepley@pa.gov) by March 1, 2012

 If you have any questions, please contact Rich at (717) 728-2004

**Call for Workshop Proposals 2018**

Region 1 Correctional Education Conference

May 30 – June 1, 2018

 Lancaster Host Resort & Conference Center - Lancaster, PA

*Sponsored by:* Correctional Education Association*,*

Department of Corrections *and* Department of Education

**Workshop Description:**

Please note: The below description & title will be used in the conference program. Make sure your title and description "sells" your workshop. This form must be received by email.

**Select Available Time(s):** Wednesday p.m. \_\_\_\_\_ Thursday a.m. \_\_\_\_\_

 Thursday p.m. \_\_\_\_\_\_\_ Friday a.m. \_\_\_\_\_\_

 (All sessions are 60 minutes each)

**Does presentation require 1 or 2 hours to complete:** One \_\_\_\_\_\_\_ Two \_\_\_\_\_\_\_

**Are you willing to repeat your program?** Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**Equipment:** LCD projector, screen and Internet Connection will be available in every room.

 **Any other AV equipment needed will be the responsibility of the presenter, including laptop computers.**

\* Any handouts are the responsibility of the presenter, (estimate 50 per session).

**Lead Presenter's Name:**

**Workshop Title (not to exceed 7 words):**