REQUEST TO PRESENT A FLEX ACTIVITY

Los Angeles Harbor College
2014-2015

PART 1- Presenter Information
For sessions involving more than one presenter, the designated contact person is responsible for coordinating with other co-presenters.

Contact Person
Name___________________________________________ Phone (office)____________
Position/Title____________________________________ Email_______________________
Division________________________________________

Co-Presenters
Print names of all presenters.

Name    Title    Division
1.________________________________________________
2.________________________________________________
3.________________________________________________

PART 2 – Workshop Information

➢ Workshop Title_______________________________________________________________

➢ Workshop Description: Please provide a summary of your presentation in 75 words or less.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

➢ Are you willing to present your workshop more than once? □ Yes □ No
List at least 3 learning objectives.
After this specific workshop, the attendee will be able to:
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

Target Audience:
☐ Administrator  ☐ Classified  ☐ Faculty

Type of Presentation:
☐ Lecture  ☐ Panel  ☐ Performance  ☐ Interactive

Identify a proposed day/time/room to present your workshop:
1. Day of week: M T W Th F Time______________ Room____________
2. Day of week: M T W Th F Time______________ Room____________

How long is your workshop?  ___1 hour  ___1.5 hours  ___2 hours  ____other

PART 3 – Technological Needs
What are your equipment needs?
☐ DVD  ☐ Computer/laptop  ☐ Other (please specify)
☐ Flip Chart  ☐ Computer lab

PART 4 – Special Accommodations
If you have a disability that requires special accommodations for your workshop or if you are limited to when your presentation can be scheduled, please explain below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUBMIT YOUR REQUEST TO PRESENT TO:

Carmen Carrillo
Flex Coordinator

Phone: 310-233-4250
Email: Carrilc@lahc.edu

PLEASE KEEP A COPY FOR YOUR RECORDS