## **CRE 2019 Workshop Application**March 9, 2019 – Kishwaukee Community College, Malta, IL

Contact Name			
Contact Email			
Contact Phone			
Workshop Title			
Main Presenter Name  Note: Registration fee for the first present registration forms and at least pay for lun	ter is covered. Additi ch (if they do not pla	onal presenters must complete th n to attend other workshops).	eir own individual
Additional Presenter(s) Name(s) This is for the brochure only. These presenters must register individually for the event.			
Brief Workshop Description1-3 sentences			
General Subject Matter  Please choose the ONE that is closest to yo than one, please use the "other" box to ide  Evangelism/Outreach/Hospital  Worship Stewardship Youth/Family/Children Global/Specialized Mission Tri Volunteers other:	entify which topic is y lity ips	e to classify it under one, so if yo our first choice.  Leadership Spirituality/Prayer/Hea Technology Administration/Counci Social Justice Education	alth & Wellness
Workshop Length  It is best if you can keep your workshop to one hour so participants can experience a variety of workshops  ☐ The workshop will last one session (1 hour)  ☐ Two sessions (2 hours) will be needed to complete one workshop			
I will lead the workshop  ☐ once	□ twice	☐ thre	e times
I prefer to present  Due to a limited number of rooms available to us at Kishwaukee college, you may not get the session(s) you prefer, but we do our best to accommodate everyone's requests.  ☐ Session a (11am − Noon) ☐ Session b (1-2pm) ☐ Session c (2:15-3:15pm)			
My presentation will require  a podium  a white board  a dvd player  a projector and screen			
other: Note: If you will use a PowerPoint presen	tation please hring v	our presentation on a ush-flash-o	drive and use the

computer and projector at Kishwaukee.

Mail application to Nancy Corey, NIS, Augustana College-Lutheran House, 639 38th St, Rock Island 61201