

PRESENTER AND WORKSHOP INFORMATION
Central Coast Early Care and Education Conference
Saturday, October 7, 2017 at Cabrillo College

Presenter Name:

Place of Employment:

Work Phone:

Mailing Address:

Email:

Co-Presenter Name, if applicable:

Place of Employment:

Work Phone:

Mailing Address:

Email:

1. **Workshop title:** please also include a descriptive sub-title for use in the program. If your workshop is bi-lingual, please provide a Spanish translation. If it is in Spanish only, please give the title and subtitle in Spanish. *Please note: This is the only information about the workshop that will appear in the program.*
2. **Language of presentation:** English, Spanish or bi-lingual.
3. **Age group:** Please underline the age group or groups for which your workshop is appropriate: Infant/Toddler; Pre-School; School-Age.
4. **Equipment:** please list any AV equipment you will need, such as VCR, computer, Internet connection, etc.
5. **Space:** Will your workshop require tables, carpeted space, or any other special room considerations?
6. **Special accommodations.** Will you or your co-presenter need any special accommodations?

Please return this form by July 28th via email to Conference Coordinator Diane Munoz:
dmunoz@santacruzcoe.org.

**Thank you for volunteering to contribute your time and expertise to our
CCECE conference!**