



## 2020 WORKSHOP PRESENTER REGISTRATION FORM

Name of Presenter or Group (Please identify a contact person):

\_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Have you presented at the Youth Conference before? Yes \_\_\_\_\_ No \_\_\_\_\_ \*T-Shirt Size(s) \_\_\_\_\_

What is the title/topic of the workshop you would like to present?

\_\_\_\_\_

Please complete the following statement with a short description of your workshop:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the minimum/maximum number of participants who can attend your workshop?

(e.g. min-20/ max-40) \_\_\_\_\_

Would you like to reserve a resource table? Yes \_\_\_\_\_ No \_\_\_\_\_ What size room do you need? (small, large)  
(Resource Fair follows workshop presentations) \_\_\_\_\_

If you are unable to supply your own audio-visual equipment, please indicate below what equipment you will need on the day of the conference (TV, VCR, DVD, Power point, easel, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: We must receive proposals no later than Friday, February 7, 2020

**Send completed forms to your YMCA contact, or:**

**Attn: Phil Gomez, 320 Main Street Brockton, MA 02301**

**PHONE: 508-580-7786, EMAIL: [pgomez@oldcolonyymca.org](mailto:pgomez@oldcolonyymca.org), FAX: 508-588-6730**

**OLD COLONY YMCA**

[www.oldcolonyymca.org](http://www.oldcolonyymca.org)