STUDENT LEADER FELLOWSHIP PROGRAM
Skill Builders! A Leadership Workshop Series
Planning Form

Name: ____________________________ Occupation: ____________________________

Work Phone No. & E-Mail: ____________________________ Address: ____________________________

Co-Presenter: ____________________________ Occupation: ____________________________

Work Phone No. & E-Mail: ____________________________

Workshop Title: ____________________________

Workshop Topic: ____________________________

If you presented this workshop previously, would you like to use the same description? ____________

Yes            No

Select One

If no, please write your new description.

Description (up to 50 words):

If you presented a workshop previously, would you like to use the same picture? ____________

Yes       No

(If no, please attach a new head shot).

Date and time preferred for workshop, please list a few, as we try to schedule workshops around campus events/activities:

Maximum Attendance: ______ Minimum Attendance: ______

Facility Charge $ ______ (if applicable)

Room Set-Up Needs (if you are unsure, we will call you when your workshop gets closer):

______ Block (closed center; seated around outside) ________ U-Shaped (seated outside the "U")

______ Head table for ___ (how many?) ________ Classroom (tables and chairs)

______ Table podium ________ Theatre (chairs only; no tables)

______ Chairs in a Circle

Audio-Visual Equipment Needs (if you are unsure, we will call you when your workshop gets closer):

______ Chalkboard ________ Overhead projector

______ Flip chart with paper ________ Screen

______ Laptop projector (you must provide laptop; need at least 2 days advance notice) ________ TV/VCR

______ Speakers

Special Requests:

Please return this form to:
slfp@nmu.edu or
Student Leader Fellowship Program
Center for Student Enrichment
1206 University Center
906.227.1771

For Office Use Only:

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