Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**WORKSHOP REQUEST FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization, School, Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us about your organization or group. (Do you have a GSA or are you interested in starting one?)**

**Please tell us about the audience for the workshop. (Who is this workshop for?)**

**Please tell us which topics or areas of interest you’re hoping to learn/gain knowledge about:**

**Workshop Requested (Please visit website for details):**

**□** Awareness, Inclusion and Affirmation in Schools – full day/half day

**□** Awareness, Inclusion and Affirmation in Childcare – full day/half day

**□** Supporting 2SLGBTQ+ youth – full day/half day

**□** Unsure/specific focus, please comment:

**Number of attendees expected: \_\_\_\_\_\_\_**  (Max of 30 is suggested. Additional attendees potentially added at a charge)

**We highly recommend all staff/personnel attend the workshop. Will participants be required to take the session?**  **□**Yes □No □ Unsure If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2SLGBTQ+ Level of knowledge of participants (please check all that apply):**

 **□** Not a lot of knowledge **□** Basic knowledge **□** Fairly Knowledgeable

Other comments regarding knowledge:

**Please provide proposed dates for your session. It is helpful if more than one date is proposed.**

**(minimum of 4 weeks notice to accommodate most requests):**

**Please provide proposed start and end times (breaks) for your session.:**

**What equipment can you possibly provide if necessary? (check all that apply):**

|  |  |  |
| --- | --- | --- |
| **□** Internet Access**□** Projector & Screen | **□** Flipchart and markers**□** Whiteboard and markers | **□** Sound equipment (for films)**□** Laptop/Computer |

**Please indicate room configuration/seating arrangement:**

**□** Chairs only/Theater style **□** Tables & Chairs/Classroom style

**Financial commitment:**

**□** Full day workshops are $1,050

**□** Presentations less than full days – charged at a rate of $150/hr

***Please note that we don’t turn away training opportunities due to financial restraints.***

***Please inquire about our sliding scale rate.***

*There may also be an additional/charge for workshops outside of Winnipeg.*

**Location of Workshop (address, room number, parking directions and instructions):**

**Other comments or questions:**

Please email this form to: deneg@rainbowresourcecentre.org

Should you have any questions please call 204-474-0212 ext. 203 or email deneg@rainbowresourcecentre.org