

2018 Project Fibonacci © Workshop Proposal

Title of Workshop:		
Lead Instructor:	Name _____ Cell _____	
	Email _____	
Names of other instructors, coaches, assistants:	<ul style="list-style-type: none"> • • 	
Learning Objectives:	As a result of participating in this workshop, participants will know or be able to do the following: <ul style="list-style-type: none"> • • • 	
Into which of the following categories does your workshop fit? (Circle all that apply) S T E A M		
Three-sentence description of your workshop:		
Maximum # participants: _____	Physical space needs for equipment, furniture, & room arrangement:	
Supplies/equipment you will provide:		Supplies Project Fibonacci needs to provide:
Please check your technical needs:		
<input type="checkbox"/> Electricity only <input type="checkbox"/> Laptop <input type="checkbox"/> Screen	<input type="checkbox"/> Internet <input type="checkbox"/> Projector <input type="checkbox"/> Presentation remote	Additional AV requirements:
Estimated time length of workshop:	Are you willing to repeat your workshop a second time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Project Fibonacci © have permission to photograph and/or video record your presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check ALL days/times when you are available to present:	Mon., July 23 rd _____ 9:00-10:00 AM _____ 1:00-4:00 PM Tues., July 24 th _____ 9:00-10:00 AM _____ 1:00-4:00 PM Wed., July 25 th _____ 9:00-10:00 AM _____ 1:00-4:00 PM Thur., July 26 th _____ 9:00-10:00 AM _____ 1:00-4:00 PM Fri., July 27 th _____ 9:00-10:00 AM _____ 1:00-4:00 PM	

Please return this completed workshop proposal to: Jessica Griffin at jgriffin@androcs.com