

WORKSHOP INFORMATION AND AGENDA

CONTACT PERSON _____ WORKSHOP DATE _____

SCHOOL DISTRICT/ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: Office (____) _____ Cellular (____) _____

Home (____) _____ Fax (____) _____

E-mail _____

NEAREST AIRPORT _____ HOW MANY MILES? _____

(airport to workshop site)

LOCATION OF WORKSHOP _____

ADDRESS _____ PHONE _____

***Please include the following in order to expedite Dr. Taylor's arrival & set-up time.**

Where to park: _____

Entrance closest to workshop location: _____

Specific room location of workshop: _____

Directions to room from entrance: _____

AUDIENCE (Who is the Audience? Teachers, Administrators, Staff, etc. Any Specialty Teachers i.e.

Gifted, Alternative School, At Risk, ELL, etc.) _____

NUMBER OF PARTICIPANTS EXPECTED: _____

GRADE LEVELS ATTENDING: _____

HAVE ANY OF YOUR TEACHERS SEEN ROGER PRESENT THIS SEMINAR PREVIOUSLY? IF

YES, HOW MANY? _____

BACKGROUND OF SCHOOL DISTRICT/PROGRAM _____

GOALS AND OBJECTIVES FOR THE WORKSHOP(S)

SCHEDULE (include starting times, breaks, and ending times)

(The workshop schedule may need to be flexible when considering available airline flights.)

After reviewing the above information, Dr. Taylor will put together a handout specific to your group's needs. We will send you an email with information on which handouts to download.
HANDOUTS CAN BE DOWNLOADED FROM OUR WEBSITE: www.rogertaylor.com/Handouts