



Workshop/Conference Questionnaire

Personal Contact Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Are you now working with any other activist or reform organizations?

YES **NO** - If yes, please list the name and short description of the organization(s) here:

When is it best to call you? (Day & Time): _____

What is your occupation? _____

When is your proposed Workshop/Conference, and how long will it last?

What is the purpose of your proposed Workshop/Conference? (Use back of this form if necessary)

How many people will be attending your proposed Workshop/Conference? _____

Optional

While not required, please share your statistics (age; gender; race), your circumstances, special talents or abilities, and other useful data about yourself here and on back of this page.

Sign here: _____ Date: _____