

# GACS CONVENTION WORKSHOP REQUEST FORM

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
School Name & Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

I will be able to present the following workshop(s) at the GACS Convention at the Mikado Baptist Church, Macon, GA, September 21-22, 2017:

**You will be notified by July 31 if any of your workshops will be used.**

Please list the title(s) below, mark the appropriate level(s) with an "X" and give a 1 or 2 sentence synopsis of each.

**If more than one level is covered, please check all appropriate boxes.**

*PR-Preschool and Childcare, L-Lower Elementary (K-2), U-Upper Elementary (3-5), M-Middle School (6-8), S-Secondary (9-12), A-Administration, P-Pastors, G-General, SI-Special Interest (Women, Athletics, etc.)*

(NOTE: Not all workshops submitted will be used.)

**WORKSHOP # 1: Title:** \_\_\_\_\_  
Synopsis: (Use separate page if needed)

PR  L  U  M  S  A  P  G  SI

**WORKSHOP # 2: Title:** \_\_\_\_\_  
Synopsis: (Use separate page if needed)

PR  L  U  M  S  A  P  G  SI

**WORKSHOP # 3: Title:** \_\_\_\_\_  
Synopsis: (Use separate page if needed)

PR  L  U  M  S  A  P  G  SI

**WORKSHOP # 4: Title:** \_\_\_\_\_  
Synopsis: (Use separate page if needed)

PR  L  U  M  S  A  P  G  SI

**Please Check Equipment Needs:**

Screen for Power Point Presentation

For which workshop(s):

1  2  3  4

Extra Display Table

(check ONLY if you need more than the one table provided)

For which workshop(s):

1  2  3  4

Overhead

For which workshop(s):

1  2  3  4

Please return form to:

GACS

157 Holly Hills Drive

Athens GA 30606

or E-Mail (as an attachment) to:

mike@gacs.org